



2nd USA West Coast International Taichi Championship

September 3rd, 2017, San Mateo, California

Individual Registration Form

1. Competitor's information

Last Name	First Name
Birth date ___/___/___	M/F
Address	City ZIP
Phone#	Emergency Phone #
Email	School/Team

2. List of Routines Numbers

3. Registration Fees

1.	2.	First individual event	\$40.00
3.	4.	Each additional individual event	\$20.00
5.	6.	Total	_____

All-Around Champion – yes / no

4. Waiver

I, hereby waive any and all rights or claims I may have against the city and county of San Mateo, USA Taichi Culture Foundation (USATCF), Sing Tao and, its staff, volunteers or sponsors, and any agents, employees or representatives. I hereby release and discharge them from any and all claims resulting from injuries, including death, damages or loss which may occur to me or my heirs arising out of or in any way connected with my attendance and/or participation at the First USA West Coast International Taichi Championship. I grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide me with medical assistance or treatment for such injury. I warrant that I am physically and mentally fit, able to participate, and I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I guarantee that I can provide proof of Health Insurance coverage for myself, which may be requested at any time. I have read, understand and agree to abide the USATCF rules associated with its events and assume all responsibilities and any liability for infringement of such rules and agree to accept the championships decisions as final. I consent to allow any reproductions of me created in any manner whatsoever, photographed, filmed or videotaped in connection with the First West Coast International Taichi Championship, which can be used for instruction, publicity, promotion or television broadcast and I waive any and all compensation in regard there to.

5. Payment

___ Check (Payable to USATCF) Mail this form with check to:

USATCF, 10070 Imperial Ave., Cupertino, CA 95014

___ PayPal to USA Taichi Culture Foundation (usatcfoundation@gmail.com)

Date _____

Signature _____

Signature