



MASTER FABIAN NUNEZ

500 Outlet Mall Blvd. #55
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**AMERICAN TAEKWON-DO FEDERATION INTERNATIONAL, INC
TECHNICAL PATTERNS WORKSHOP
REGISTRATION FORM**

2019

ATFI TECHNICAL PATTERNS WORKSHOP

NAME _____ AGE _____ RANK _____
ADDRESS _____
CITY _____ STATE _____
EMAIL _____
CONTACT NUMBER _____
SCHOOL _____ INSTRUCTOR _____

\$ _____ TOTAL AMOUNT ENCLOSED (PAYMENT CHECK OR MONEY ORDER)

**EACH PARTICIPANT MUST COMPLETE A REGISTRATION
FORM**

**Deadline March 11th
LATE FEE: \$25**

**PLEASE ENCLOSE PAYMENT WITH REGISTRATION FORM
AND MAIL BY DEADLINE TO: MASTER FABIAN NUNEZ,
500 Outlet Mall Blvd. #55
St. Augustine, Florida 32084**

WAIVER

THE PARTICIPANT REALIZES THAT THERE IS A RISK OF INJURY INVOLVED IN TAEKWON-DO. HE/SHE ASSUMES THE RISK OF ACCIDENT, INJURY, DAMAGE, LOSS OR HARM OF ANY KIND TO THE PARTICIPANT'S PERSON OR PROPERTY AS A RESULT OF PARTICIPATING IN THE ATFI PATTERNS WORKSHOP. INSTRUCTORS, FELLOW MEMBERS OR GUESTS, SHALL NOT IN ANY WAY BE LIABLE FOR ANY CLAIMS, LIABILITY, DEMANDS, SUITS, ACTIONS OR ANY OTHER PROCEEDINGS OF ANY KIND ON ACCOUNT OF ACCIDENT, INJURY, DAMAGE, LOSS OR HARM OF ANY KIND SUSTAINED BY THE MEMBER/PARTICIPANT OR TO THE MEMBER'S/PARTICIPANT'S PROPERTY.

SIGNATURE: _____ DATE: _____
(PARENT OR LEGAL GUARDIAN MUST SIGN IF PARTICIPANT IS UNDER 18 YEARS OF AGE)