



The 11th U.S. Open Masters Taekwondo Championship

Pride of Tae Kwon Do

COMPETITOR REGISTRATION FORM

Sunday October 19, 2014

EVENT

* Please check all appropriate space, and type or print clearly.

- WTF FORM
 OPEN FORMS
 SPARING (GYROOGI)
 FREE-STYLE BREAKING
 WEAPONS

Total No. of Events: _____ Total Amount Due: _____

Pre- Registration Fees: One event-\$75.00, two events- \$90.00, **three events-\$105.00, four events-\$120.00 All five events-\$135.00.**
 PRE- REGISTRATION DEADLINE: Must be received by Friday, October 17, 2014.
 LATE REGISTRATION FEE DEADLINE: \$85.00 per one event, \$15.00 per each additional event. Must be received by Sunday October 19, 2014.
NO REFUNDS, TRANSFERS AND/OR CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.

PARTICIPANT INFORMATION * All competitors must complete this section accurately and completely in order to participation.

YOUR MEDICAL INSURANCE NAME & NUMBER _____

Name _____ Gender: MALE FEMALE

DATE OF BIRTH ___/___/___ AGE ___ HEIGHT ___' ___" WEIGHT ___ LBS

BELT (SPECIFY COLOR ONLY): _____ DAN (BLACK BELTS ONLY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-mail _____

SCHOOL & INSTRUCTION INFORMATION

SCHOOL NAME: _____ TEL: (____) _____

INSTRUCTOR'S NAME: _____ RANK: _____ DAN

SCHOOL ADDRESS (in full): _____ E-mail _____

Payment Information

(PLEASE CHECK ONE)

- CASH
 MONEY ORDER/ CASHIER'S CHECK
 SCHOOL CHECK
 CREDIT CARD
 SCHOOL CREDIT CARD

NO PERSONAL CHECKS ACCEPTED
 MAKE ALL CASHIERS CHECK/ SCHOOL CHECK OR
 MONEY ORDER TO: **YITKD**

3 - 5 Village Square East, Suite 3
 Clifton, NJ 07011

Credit Card Information (VISA, MASTER, DISCOVER, AMEX)



NO REFUNDS, TRANSFERS, AND OR/ CREDITS WILL BE MADE
 UNDER ANY CIRCUMSTANCES.

Credit Card # _____ Expires ___/___/___ 3 Digit Security Code _____

Name on the Card _____ Amount (\$) _____

Credit Card Billing address _____ Zip Code _____ Cardholder Signature _____

Register On Line !
www.matkdc.com
www.katkda.com

Liability Waiver

I UNDERSTAND THAT TAEKWONDO IS A PHYSICAL CONTACT SPORT WHICH INVOLVES THE RISK OF INJURY. I AGREE THAT I WILL BE RESPONSIBLE FOR ALL CASE OF ACCIDENTS SUCH AS ANY DAMAGE, LOSS AND ANY INJURY ETC. WHICH OCCURRED DURING PHYSICAL EXERCISE AND COMPETITION OF DEMONSTRATION TILL THE FINISH OF THE TOURNAMENT. I AGREE THAT THE ORGANIZING COMMITTEE FOR THE 11TH U.S. OPEN MASTERS TAEKWONDO CHAMPIONSHIP INCLUDING ORGANIZERS, OFFICIALS, STAFF AND VOLUNTEERS AS WELL AS REFEREES, MASTERS, INSTRUCTORS, COACHES, FELLOW COMPETITORS, STAFF EXCEPT COMPETITOR HERSELF/HIMSELF WILL BE INDEMNIFIED FROM ALL ACCIDENTS AS ABOVE AND RELEASE AND FOREVER DISCHARGE FROM ANY CLAIMS FOR DAMAGES. I, ALSO AGREE THAT THE MEDICAL TREATMENT PROVIDED BY THE ORGANIZING COMMITTEE, IF NECESSARY WILL BE A FIRST AID TYPE ONLY. IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATING IN THE COMPETITION IN THE 11TH U.S. OPEN MASTERS TAEKWONDO CHAMPIONSHIP, FOR MYSELF AND MY HEIRS, CHILDREN, PARENTS, GUARDIANS, EXECUTORS, PERSONAL REPRESENTATIVES, ASSIGNS AND ADMINISTRATORS, I FOREVER RELEASE, ACQUIT, WAIVE DISCHARGE, AND COVENANT NOT TO SUE COLONIA HIGH SCHOOL, THE BOARD OF EDUCATION OF WOODBRIDGE TOWNSHIP SCHOOL DISTRICT NEW JERSEY, THE YONG IN TKD, THE UNITED STATES OLYMPIC COMMITTEE, IMA, OR ANY OF THE ORGANIZERS, VOLUNTEERS, SPONSORS, AFFILIATED ORGANIZATIONS, COACHES, INSTRUCTORS, MANAGERS, TRAINERS, OR DOCTORS, OR ANY OTHER PERSONS, OR ORGANIZATION INVOLVED IN THE 11TH U.S. OPEN MASTERS TAEKWONDO CHAMPIONSHIP, OR ANY OF THEIR REGENTS, DIRECTORS, OFFICERS, MANAGERS, EMPLOYEES, AGENTS, AFFILIATES, ATTORNEYS, SPOUSES, HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, OR ASSIGNS. IF YOU ARE UNDER 18 YEARS OLD, YOU MUST HAVE A PARENT OR GUARDIAN'S ACKNOWLEDGMENT AND AGREEMENT HEREWITHIN.

Contestant's Signature _____

Emergency Contact Person

Legal Guardian's Signature (If under 18 year old) _____

Date _____

Name _____

Tel _____