



The 12th U.S. Open Masters Taekwondo Championship

OFFICIAL COACH REGISTRATION FORM

Sunday October 25, 2015

Please indicate in which capacity you will be attending
the 12th U.S. Open Masters Taekwondo Championship

Check all that apply

- REFEREE OFFICIAL VOLUNTEER
- MASTER COACH



COACH PASS: \$40.00 *DEADLINE: October 25, 2015*
(PLEASE CHECK ONE)

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

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



NO PERSONAL CHECKS ACCEPTED
MAKE ALL CASHIER'S CHECK/ SCHOOL CHECK OR
MONEY ORDER TO: YITKD

227 Dayton Ave.
Clifton, NJ 07011

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

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

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

Name on the Card _____ Amount (\$) _____

Credit Card Billing address _____ Zip Code _____ Cardholder Signature _____

First Name _____			Last Name _____		
Street Address or P.O.Box _____			Home Phone _____		
City _____	State _____	Zip _____	Work Phone _____		
Dan#, Rank, Referee Certificate# _____			E-mail Address _____		
Taekwondo School _____			Instructor _____		
Street Address _____			Phone _____		
City _____	State _____	Zip _____	Fax# _____		

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 12TH 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 12TH 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 12TH 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.

Contesant's Signature _____ Date _____

Legal Guardian's Signature(if under 18 years old) _____ Emergency Contact Person _____

E-mail: _____ Name: _____ Tel: _____