



Pride of Tae Kwon Do

# The 14th US Open Masters Taekwondo Championship

# OFFICIAL COACH REGISTRATION FORM

Sunday October 22, 2017

Please indicate in which capacity you will be attending the 14th US Open Masters Taekwondo Championship

Check all that apply

- REFEREE     OFFICIAL     VOLUNTEER
- MASTER     COACH

ATTACH ID SIZE PHOTO HERE

**COACH PASS: \$40.00** DEADLINE: October 21, 2017  
(PLEASE CHECK ONE)

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

NO PERSONAL CHECKS ACCEPTED  
MAKE ALL CASHIER'S CHECK/ SCHOOL CHECK OR  
MONEY ORDER TO: YONG IN TAEKWONDO  
227 Dayton Ave.  
Clifton, NJ 07011

**Credit Card Information** (VISA, MASER, 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](http://www.matkdc.com)  
[www.katkda.com](http://www.katkda.com)

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 14TH 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 14TH 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 14TH 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: \_\_\_\_\_