



The 5th Yong In Open Taekwondo Championship

OFFICIAL COACH REGISTRATION FORM

Sunday April 1, 2012

Please indicate in which capacity you will be attending the 5th Yong In Open Taekwondo Championship.

Check all that apply

REFEREE / OFFICIAL
(Volunteer)

COACH

MASTER

ATTACH
ID SIZE
PHOTO HERE

COACH PASS: \$40.00 DEADLINE: Friday April 1, 2012
(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: **MATKDC**

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
www.kaikda.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 **5th Yong In OPEN 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 **5th Yong In OPEN 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 CLIFTON HIGH SCHOOL, THE BOARD OF EDUCATION OF WOODBRIDGE TOWNSHIP SCHOOL DISTRICT NEW JERSEY, THE MARTIAL ARTS TAEKWONDO CENTER, 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 **5th Yong In OPEN 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.

Name _____ Date _____

Signature _____ Emergency Contact Person _____

E-mail: _____ Name: _____ Tel: _____