



Pride of Tae Kwon Do

The 5th Yong In Open Taekwondo Championship

COMPETITOR REGISTRATION FORM

Sunday April 1, 2012

EVENT

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

WTF FORM OPEN FORMS SPARRING GYROOGI FREE-STYLE BREAKING WEAPONS

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

Pre- Registration Fees: One event-\$70.00, two events- \$80.00, **three events-\$90.00, All five events-\$110**

PRE- REGISTRATION DEADLINE: Must be received by Friday, March 30, 2012.

LATE REGISTRATION FEE DEADLINE: \$80.00 per one event, \$15.00 per each additional event. Must be received by Sunday April 1, 2012.

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 CASHIER'S CHECK/ SCHOOL CHECK OR
MONEY ORDER TO: MATKDC
227 Dayton Ave.
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 **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 _____ **Emergency Contact Person**

Signature _____ Date ___/___/___ Name _____ Tel _____