

4th Annual
METRO OPEN
Taekwondo Championship

OFFICIAL COACH
REGISTRATION FORM
 Sunday June 7, 2009

Please indicate in which capacity you will be attending the 4th annual Metro Open Taekwondo Championship.

Check all that apply

REFEREE / OFFICIAL (Volunteer)

COACH

MASTER

ATTACH
 ID SIZE
 PHOTO HERE

COACH PASS: \$40.00 DEADLINE: Thursday June 4, 2009
 (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: **IMA**
 10 Main St.
 Woodbridge, NJ 07095

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 _____

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 **4th annual Metro 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.

Name _____ Date _____

Signature _____ Emergency Contact Person _____

E-mail: _____ Name: _____ Tel: _____