

**4th Annual**  
**METRO OPEN**  
**Taekwondo Championship**

**COMPETITOR**  
**REGISTRATION FORM**

Sunday June 7, 2009

**EVENT**

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

<b>WTF FORMS:</b> _____ (OPEN FORMS)	<b>SPARRING:</b> _____ GYROOGI	<b>FREE-STYLE</b> Breaking: _____	<b>WEAPONS</b> _____
<b>Total Events:</b> _____		<b>Total Amount Due:</b> _____	

Pre- Registration Fees: One event-\$70.00, two events- \$80.00, **three events-\$90.00, All four events-\$100**

PRE- REGISTRATION DEADLINE: Must be received by Thursday June 4, 2009.

LATE REGISTRATION FEE DEADLINE: \$80.00 per one event, \$15.00 per each additional event. Must be received by Sunday June 6, 2009.

**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: \_\_\_\_\_

**SCHOOL & INSTRUCTION INFORMATION**

SCHOOL NAME: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

INSTRUCTOR'S NAME: \_\_\_\_\_ RANK: \_\_\_\_\_ DAN

SCHOOL ADDRESS (in full): \_\_\_\_\_

**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: IMA**

10 Main St.  
 Woodbridge, NJ 07095

**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 \_\_\_\_\_

**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 \_\_\_\_\_ **Emergency Contact Person**  
 Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ Tel \_\_\_\_\_

**E-mail:** \_\_\_\_\_