THE SECOND US YONG IN
OPEN TAE KWONDO CHAMPIONSHIP

OFFICIAL COACH REGISTRATION FORM

Sunday March 29, 2009

Please indicate in which capacity you will be attending the 2nd US Yong In Open Taekwondo Championship.

Check all that apply

REFEREE / OFFICIAL *(Volunteer)* ☐ **COACH** ☐

MASTER ☐

ATTACH
ID SIZE
PHOTO HERE

COACH PASS: $40.00 *DEADLINE: Thursday March 26, 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:

MATKDC
227 Dayton Ave., Clifton, NJ 07011 (973) 340-4545

NO REFUNDS, TRANSFERS, AND OR/ CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.

Credit Card Information *(VISA, MASER, DISCOVER, AMEX)*

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 **2nd US 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.

Name _____ Date _____

Signature _____ Emergency Contact Person _____

E-mail: _____ **Name:** _____ **Tel:** _____

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