

The Second America Open Taekwondo Championship

OFFICIAL COACH REGISTRATION FORM

Sunday October 24, 2010

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

Check all that apply

REFEREE / OFFICIAL
(Volunteer)

COACH

MASTER

ATTACH
ID SIZE
PHOTO HERE

COACH PASS: \$40.00 DEADLINE: Thursday Oct. 21, 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

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 2nd America 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: _____