

THE FOURTH
 **YONG IN**
OPEN TAE KWONDO CHAMPIONSHIP



**OFFICIAL COACH
REGISTRATION FORM**

Sunday April 3, 2011

Please indicate in which capacity you will be attending the 4th US Yong In Open Taekwondo Championship.

Check all that apply

REFEREE / OFFICIAL COACH MASTER
(Volunteer)

ATTACH
ID SIZE
PHOTO HERE

Absolutely No Admittance to our tournament without coach ID tag.

COACH PASS: \$40.00 DEADLINE: Thursday March 31, 2011
(PLEASE CHECK ONE)

- CASH MONEY ORDER/ CASHIER'S CHECK
 SCHOOL CHECK CREDIT CARD SCHOOL CREDIT CARD

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 _____

**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.**

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 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:** _____