

REGISTRATION FORM

27<sup>th</sup> ANNUAL U.S. CENTRAL OPEN TAEKWONDO CHAMPIONSHIP

August 11, 2018

Del City High School

1900 S. Sunnyslane Rd. Del City, OK 73115

Name \_\_\_\_\_ Age \_\_\_\_\_ Wt \_\_\_\_\_ Ht \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ Tel (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Belt Color \_\_\_\_\_

SCHOOL/CLUB

Club \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Tel (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby waive all claims against In Hui Won, all persons connected with the 27<sup>th</sup> Annual U.S. Central Open Taekwondo Championship, Mid-Del schools, Del City High School, Tournament officials, Grand Master Won's Taekwondo, and/or the U.S. Central Taekwondo Association for any injuries that I may sustain during my participation in the competition. I also assume full responsibility for any of my actions during and in connection with said tournament.

I further agree that any pictures taken of or by me in connection with the said Championship can be used by the tournament director for publicity or promotion without compensation at this or any other time.

Competitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If competitor is under 18 years, Signature of Parent/Guardian \_\_\_\_\_

PLEASE CIRCLE YOUR EVENTS:

- OFFICIAL POOMSAE (forms) KYORUGI (sparring) POWER BREAKING TECHNICAL BREAKING WEAPONS CREATIVE POOMSAE TEAM POOMSAE COUPLES POOMSAE DOUBLE ROUNDHOUSES

HAPKIDO:

- LONG FALLING HIGH FALLING SELF DEFENSE (6 TECHNIQUES) ONE, TWO, OR THREE-STEP SPARRING

SPECIAL NEEDS:

- POOMSAE BREAKING

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: August 8, 2018 \$70.00 for any one event \$10.00 for second event \$25 for each additional event (3+) Late Fee: add \$20.00 at the door

MAKE CHECKS PAYABLE TO:

U.S. Central Taekwondo Association Mail to: 10801 S. Sunnyslane Road Oklahoma City, OK 73160 Tel. (405) 793-0752 Fax (405) 794-0768 gmwons@gmail.com (Credit Card Only)

REFUND PROCESSING FEE IS \$20 or FULL APPLICATION FEE MAY BE APPLIED TO NEXT TOURNAMENT

If paying by credit card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card Type \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Cardholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_