



U.S. Central Taekwondo Association
Grandmaster Won's Taekwondo
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USCTA Referee Seminar Application

Seminar Date:

Seminar Fee:

Certification Type: Audit Certify

First Name:

Middle:

Last Name:

Address:

City:

State:

Zip:

Phone:

Taekwondo School:

Date of Birth:

Age:

Gender:

Female

Male

USAT Referee Rank:

Belt Rank:

I, the undersigned, do hereby agree and fully understand that neither Grand Master Won's Tae Kwon Do School/US Central Taekwondo Association (USCTA) nor any of its personnel will be held liable for any, and all injuries, and/or losses, including death that may occur during any activity, training, either on, or off the premises during the USCTA Referee seminar where it is being taught, or in transit to, and from, or practicing for. I agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive activities that will be detrimental to heart, safety, or comfort, or physical condition if I agree to participate. I acknowledge and understand the risks involved in participating in the referee seminar and by signing below, I agree to assume all responsibility for any injury, loss, death and agree to any terms and conditions mentioned above. I understand that I may also transfer my current USA Taekwondo referee rank to an equal level of USCTA referee ranking.

Signature of Applicant:

Date:

Signature of Parent/Guardian:

Date:

I authorize Grand Master Won's Tae Kwon Do School/US Central Taekwondo Association to charge the card listed below for the seminar fee.

Credit Card #:

Expiration Date:

CVV:

Zip Code:

Card Type: Visa Master Card Discover Ameri. Express

Printed Name of Cardholder:

Signature:

Date:
