



The 6th Annual Metro Open Taekwondo Championship



OFFICIAL COACH REGISTRATION FORM

Sunday June 5, 2011

ATTACH
ID SIZE
PHOTO HERE

Name _____

Please indicate in which capacity you will be attending
the 6th Metro Open Taekwondo Championship. *Check all that apply*

- REFEREE / OFFICIAL STAFF (*Volunteer*)
- COACH
- MASTER

COACH PASS: \$40.00 DEADLINE: Thursday June 2, 2011
(PLEASE CHECK ONE)

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

Credit Card Information (VISA, MASA, 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:**

IMA
INTERNATIONAL MARTIAL ARTS
10 Main St., Woodbridge, NJ 07095
Tel: (732) 636-0044 / Fax: (732) 636-4079

_____	_____
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 **6th Metro 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: _____