



The 6th Annual Metro Open Taekwondo Championship



COMPETITOR REGISTRATION FORM

Sunday June 5, 2011

EVENT * Please check all appropriate space, and type or print clearly.

- WTF FORMS(OPEN FORMS)**
- SPARRING(GYROOGI)**
- FREE-STYLE (Breaking)**
- WEAPONS**

Pre- Registration Fees: One event-\$70.00, two events- \$80.00, three events-\$90.00, All four events-\$100

PRE- REGISTRATION DEADLINE:

Must be received by Thursday June 2, 2011.

LATE REGISTRATION FEE DEADLINE: \$80.00 per one event,

\$15.00 per each additional event. Must be received by Sunday June 5, 2011.

NO REFUNDS, TRANSFERS AND/OR CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.

Total Events: _____

Total Amount Due: _____

PARTICIPANT INFORMATION * All competitors must complete this section accurately and completely in order to participation.

YOUR MEDICAL INSURANCE NAME &NUMBER _____

Name _____ Gender: MALE FEMALE

DATE OF BIRTH ___/___/___ AGE ___ HEIGHT ___' ___" WEIGHT ___ LBS

BELT (SPECIFY COLOR ONLY): _____ DAN (BLACK BELTS ONLY) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL & INSTRUCTION INFORMATION

SCHOOL NAME: _____ TEL: (_____) _____

INSTRUCTOR'S NAME: _____ RANK: _____ DAN

SCHOOL ADDRESS (in full): _____

E-mail: _____

Payment Information

(PLEASE CHECK ONE)

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

Credit Card Information *(VISA, MASTER, 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

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.

_____ **Emergency Contact Person**

Name _____ Name _____ Tel _____

Signature _____ Date ___/___/___