

REGISTRATION FORM

**20<sup>th</sup> ANNUAL U.S. CENTRAL TAEKWONDO CHAMPIONSHIP**

**August 6, 2011**

Carl Albert High School Field House  
2009 S. Post Rd. Midwest City, Oklahoma 73130

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 20<sup>th</sup> Annual U.S. Central Open Taekwondo Championship, Mid-Del schools, Carl Albert 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 COMPETITION EVENTS:**

**OFFICIAL FORMS**

**FIGHTING**

**PLEASE CIRCLE YOUR SPECIAL EVENTS:**

**BREAKING**

**ONE, TWO, OR THREE-STEP SPARRING**

**SELF-DEFENSE**

**WEAPON**

**CREATIVE FORMS**

**MUSICAL FORMS**

**TEAM FORMS**

**PRE-REGISTRATION & ENTRY FEE**

Pre-registration received by: August 3, 2011

\$65.00 for any two events

\$20.00 for each additional event

Late Fee: add \$15.00 at the door

**SEND REGISTRATION & MONEY TO:**

U.S. Central Taekwondo Association

10801 S. Sunnyslane Road

Oklahoma City, OK 73160

Tel. (405) 793-0752 Fax (405) 794-0768

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

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ • \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Card Type: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

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

**\*ONLY VISA AND MASTERCARD ACCEPTED**