

REGISTRATION FORM  
**26<sup>th</sup> ANNUAL U.S. CENTRAL OPEN TAEKWONDO CHAMPIONSHIP**

August 5, 2017  
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 26<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 SPECIAL EVENTS:**

**OFFICIAL FORMS**

**SPARRING**

**POWER BREAKING**

**TECHNICAL BREAKING**

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

**WEAPON**

**CREATIVE FORMS**

**TEAM FORMS**

**COUPLES FORMS**

**HAPKIDO:**

**LONG FALLING**

**HIGH FALLING**

**SELF DEFENSE (6 TECHNIQUES)**

**SPECIAL NEEDS:**

**FORMS**

**BREAKING**

**PRE-REGISTRATION & ENTRY FEE**

Pre-registration received by: August 2, 2017

\$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](mailto:gmwons@gmail.com) (Credit Card Only)

<b>REFUND PROCESSING FEE IS \$20 or FULL APPLICATION FEE MAY BE APPLIED TO NEXT TOURNAMENT</b>
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**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 \_\_\_\_\_

**\*ONLY VISA AND MASTERCARD ACCEPTED**