

# Competitor Registration Form

## 37<sup>TH</sup> ANNUAL OKLAHOMA INVITATIONAL TAEKWONDO CHAMPIONSHIP

March 5, 2021

U.S Central Taekwondo Association  
10801 S. Sunnyslane Rd • Oklahoma City, OK 73160

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 37<sup>th</sup> Oklahoma Invitational Taekwondo Championship, Tournament officials, 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 and all 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 Events:

Kyorugi    Poomse    Pairs Poomse    Team Poomse    Breaking    Weapons    Double Roundhouses  
Creative Poomse    Musical Poomse

**HAPKIDO:** Long Falling High Falling Self Defense (6 Techniques) One, Two, or Three-Step Sparring

**Para Events:**                      Poomse                      Breaking

### PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: March 2, 2022

\$75.00 for any one event

\$85.00 for any two events

\$25.00 for each additional event

\$20.00 Late Fee

**No Refunds**

### MAKE CHECKS PAYABLE TO:

U.S. Central Taekwondo Association

Mail to: 10801 S. Sunnyslane Road

Oklahoma City, OK 73160

E-mail to: gmwons@gmail.com

Tel: (405) 793-0752    Fax to (405) 794-0768

### If paying by credit card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card Type \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_