13TH GOLDEN STATE OPEN TAEKWONDO CHAMPIONSHIP
OFFICIAL COMPETITOR ENTRY FORM

SATURDAY, MARCH 14, 2009
KELLOGG GYM @ CAL POLY POMONA
3801 WEST TEMPLE AVE, POMONA, CA 91768

SATURDAY	**7:00 - 8:30 AM**	**CARD PICKUP**
	8:30 AM	**POOMSE COMPETITIONS BEGINS**
	9:30—10:30 AM	**14-32 BLACK BELT WEIGH-IN * (HOLDING AREA)**

PLEASE FILL OUT THE ENTRY FORM COMPLETELY AND ACCURATELY! **INCOMPLETE ENTRY FORMS CANNOT BE PROCESSED!**

FIRST NAME | MI | LAST NAME

HOME STREET ADDRESS | APT NO.

CITY | STATE | ZIP CODE

DAY TIME PHONE | EXTENSION | AGE | DATE OF BIRTH (MM/DD/YYYY)

E-MAIL (OPTIONAL)

E-Mail addresses will be used for announcements Only. It will not be sold or shared.

TKD SCHOOL NAME

TKD SCHOOL STREET ADDRESS | SUITE NO.

CITY | STATE | ZIP CODE

TKD SCHOOL PHONE # | MASTER'S NAME | **MASTER'S SIGNATURE**

PLEASE SELECT EVENTS (1-2) EVENTS

1 EVENT - $75
2 EVENT - $85
***$5 Discount for ONLINE REG. Before March 11**

☐ **POOMSE (FORM)**
Belt Color: _____

☐ **KYOROOGI (SPARRING)**
Only Black Belts 14 - 32 years old are required to Weigh In!
Belt Color: _____

MAIL-IN DEADLINE POSTMARKED ON OR BEFORE MARCH 10, 2009
☐ **$75 ONE EVENT** ☐ **$85 TWO EVENTS**

COMPETITOR INFORMATION

AGE: By the day of the Event

GENDER: MALE ☐ FEMALE ☐

WEIGHT (lbs): Within 3 lbs. or Be disqualified & forfeit entry fee

HEIGHT (ft-in): Please be Accurate
_____ ft. _____in

RANK	9 & 8 KUB		7 & 6 KUB		5 & 4 KUB		3-1 KUB			POOM & DAN
COLORS TO WEAR	White	Yellow	Purple	Orange	Green	Blue	Brown	Red	ADV. Red	Black Belt
	White	Yellow	Orange	Green	Purple	Blue	Brown	Red	ADV. Red	
	White	ADV. White	Yellow	ADV. Yellow	Green	ADV. Green	Blue	ADV. Blue	RED	
Authorized Poomse	Taegeuk 1 or 2 Palgue 1or 2 Basic 1 or 2		Taegeuk 1,2, or 3 Palgue 1,2, or 3		Taegeuk 3,4, or 5 Palgue 3, 4 or 5		Taegeuk 6,7, or 8 Palgue 6,7, or 8			1st - Koryo 2nd - Keumkang 3rd - Taebaek

DEADLINES:	PAYMENT TYPE	SEND TO:
POSTMARKED BY: **TUESDAY, MARCH 10, 2009** (ADDITIONAL $10 SERVICE FEE IF AFTER)	**CASHIER'S CHECK OR MONEY ORDER** MADE PAYABLE TO: **MASTER WUNG H. LEE** **(NO PERSONAL CHECKS ACCEPTED)**	**GSOTKD-Tournament Committee** **9569 E. LAS TUNAS DRIVE** **TEMPLE CITY, CA 91780** **626-286-6500**
$70 for one Event (Save $5) **$80 for two Events (Save $5)** **ONLINE DEADLINE: MARCH 11, 2009**	**ONLINE REGISTRATION AFTER MARCH 11, 2009** **$75 for one Event** **$85 for two Events CUT OFF @ 11:59 PM 3/12/09**	***www.GSOTKD.com*** **(Secure Website)**

LIABILITY WAVIER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability waiver form to participate in the Golden State Open Taekwondo Championship. I certify that above information is true and correct and hereby release, discharge, and waive any and all responsibility of the Kellogg Gym, California State Polytechnic University, Pomona, S.K. Taekwondo Center, California Taekwondo, Tournament Organizing Committee, referees, instructors, agents, and other competitors from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training to, being coached in, using any sports equipment in, or participating in the Golden State Open Taekwondo Championship. As a competitor or parent/legal guardian of the competitor, I give consent to any x-ray exam, medical, chiropractic, dental or other treatment(s) deemed necessary for the safety and welfare of the contestant. I understand that this authorization is given prior to any diagnosis, treatments or hospital care being required, but is given to provide the medical/chiropractic/dental staff authority to render care as deemed advisable. In the case of minors, it is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached. **I understand that in case of injury, only basic first aid will be made available on site, and that I am fully responsible for any and all resulting medical or other expenses.**

COMPETITOR SIGNATURE **DATE**
(IF 18 YEARS OF AGE OR OLDER)

PARENT/ GUARDIAN SIGNATURE **DATE**
(MANDATORY IF COMPETITOR IS UNDER 18 YEARS OF AGE)