



13TH GOLDEN STATE OPEN TAEKWONDO CHAMPIONSHIP OFFICIAL REFEREE ENTRY FORM



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

SATURDAY
7:00 - 8:30 AM
8:30 AM
9:30—10:30 AM

CARD PICKUP
POOMSE COMPETITIONS BEGINS
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)																				
TKD SCHOOL NAME																				

REFEREE SEMINAR
SAT., FEBRUARY 21, 2009 (3:30 TO 6PM)
@ S.K. TAE KWON DO CENTER
 9569 Las Tunas Drive
 Temple City, CA 91780
 TEL: 626-286-6500 / FAX: 626-286-7300

GOLDEN STATE OPEN TKD COMPETITION
SATURDAY, MARCH 14, 2009
KELLOGG GYM @ CAL POLY POMONA
 3801 West Temple Ave
 Pomona, CA 91768
<http://www.dsa.csupomona.edu/visitors/directions.asp>

TAEKWONDO RANK <input type="checkbox"/> Color Belt _____ <input type="checkbox"/> Black Belt _____ DAN	I WILL ATTEND: (Check all that apply)	<input type="checkbox"/> REFEREE SEMINAR	<input type="checkbox"/> DINNER AFTER SEMINAR	<input type="checkbox"/> THE GSOTKD Tournament	<input type="checkbox"/> DINNER AFTER GSOTKDC
REFEREE RANK (D-A, IR) If applicable	I AM ABLE TO PARTICIPATE AS: (Check all that apply)	<input type="checkbox"/> CENTER REFEREE	<input type="checkbox"/> CORNER JUDGE	<input type="checkbox"/> TECHNICAL ASSISTANT	<input type="checkbox"/> RINGMASTER OPERATOR

REFEREE INCENTIVES (For Referees who attend the seminar and serve at the Golden State Open TKD Championships)

- * FREE REFEREE SEMINAR
- * FREE DINNER AFTER SEMINAR
- * FREE REFEREE POLO SHIRT
- * OFFICIATING CERTIFICATE
- * COMPLIMENTARY LUNCH & BEVERAGES
- * FREE DINNER AFTER GSOTKD TOURNAMENT
- * \$50 REWARD FOR ALL CERTIFIED REFEREES
- * \$100 REWARD FOR ALL INTERNATIONAL REFEREES

POLO SHIRT SIZE PLEASE CHECK YOUR SIZE	<input type="checkbox"/> ADULT SMALL	<input type="checkbox"/> ADULT MEDIUM	<input type="checkbox"/> ADULT LARGE	<input type="checkbox"/> ADULT X-LARGE	<input type="checkbox"/> ADULT XX-LARGE
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ALL REFEREES MUST WEAR BLACK PANTS AND TKD SHOES; SHIRTS WILL BE PROVIDED

LIABILITY WAIVER 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 United, 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.

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