



13TH GOLDEN STATE OPEN TAEKWONDO CHAMPIONSHIP OFFICIAL COACH 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!

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| | MI | |
| FIRST NAME | | LAST NAME |

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| HOME STREET ADDRESS | APT NO. |

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| | | |
| CITY | STATE | ZIP CODE |

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| | X | | | | | | |
| 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.

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| TKD SCHOOL NAME |

| COACH'S RANK (Check One) | | | |
|---|---|--|---|
| <p style="text-align: center;">TAEKWONDO RANK</p> <p><input type="checkbox"/> Color Belt <input type="checkbox"/> Black Belt _____ Dan</p> <p>Kukkiwon Cert. #: _____</p> | <input type="checkbox"/> SUPPORT COACH (Non-Black Belt) | <input type="checkbox"/> COACH (1st & 2nd Dan Black Belts) | <input type="checkbox"/> QUALIFIED COACH (At least 3rd Dan) |

| COACHING PROCEDURES & CODE OF CONDUCT | |
|---|--------------------------|
| <p>The GSOTKD requests that you adhere to the procedures described below:</p> <ul style="list-style-type: none"> * Be familiar with <u>current</u> USAT rules. http://www.usa-taekwondo.us/USTU_Manuel_62304.pdf * Be familiar with <u>current</u> USAT Junior Safety Rules. http://www.usa-taekwondo.us/Jr_Safety_Rules.pdf * Register and pick up coach's pass at designated time and place. * Stay off the competition floor when not on deck or coaching. * The coach will conduct oneself in an ethical and honorable manner. One will respect the referees, other coaches, athletes, volunteers. Violators will be given a warning. Subsequent offenses may result in the coaching privilege being revoked, and violators may be banned from future GSOTKD events. <p>Initials: _____ By initializing, I acknowledge that I have read, understand, and agree with the procedures and code of conduct listed above.</p> | ATTACH PHOTO HERE |

| DEADLINES: | PAYMENT TYPE | SEND TO: |
|--|--|--|
| POSTMARKED BY: TUESDAY, MARCH 10, 2009 \$10 | 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 |
| ONLINE DEADLINE: BY MIDNIGHT: MARCH 11, 2009 (WEDNESDAY) | Online Registration— Pay by Credit Card \$10 | www.GSOTKD.com (Secure Website) |
| AT EVENT: MARCH 14, 2009 (SATURDAY) \$20 | CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO: MASTER WUNG H. LEE (NO PERSONAL CHECKS ACCEPTED) | You may apply for a coach's pass on the Saturday morning of the tournament at Cal Poly Pomona. |

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.

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| SIGNATURE <small>(IF 18 YEARS OF AGE OR OLDER)</small> | DATE |

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| PARENT/ GUARDIAN SIGNATURE <small>(MANDATORY IF COMPETITOR IS UNDER 18 YEARS OF AGE)</small> | DATE |