13TH GOLDEN STATE OPEN TAEKWONDO CHAMPIONSHIP
MASTERS,VIP, VOLUNTEER APPLICATION

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

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

I AM APPLYING FOR ☐ ***MASTER*** ☐ ***VIP*** ☐ ***VOLUNTEER*** (Please Check One)

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**

RANK/DAN | KUKKIWON CERTIFICATE # | REFEREE RANK | REFEREE CERTIFICATE #

SEND TO:	***DEADLINES:***	***ONLINE:***
GSOTKD-Tournament Committee **9569 E. LAS TUNAS DRIVE** **TEMPLE CITY, CA 91780** **Tel 626-286-6500 Fax 626-286-7300**	POSTMARKED BY: **MARCH 10, 2009** **(SATURDAY)**	***www.GSOTKD.com*** (Secure Website)

Polo Shirt Size PLEASE CHECK YOUR SIZE	☐ ADULT SMALL	☐ ADULT MEDUIM	☐ ADULT LARGE	☐ ADULT X-LARGE	☐ ADULT XX-LARGE

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

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