

# The 8<sup>th</sup> N.C. Open Taekwondo Championship

Hosted By: The Korean American Taekwondo Union \* Saturday, March 28, 2020

## Competition Registration Form

Tournament Registration Collected Until Sat. March 21, 2020. Late Registration March 16 – March 21, 2020 will have a \$10 late fee added to registered events.

All Registration must be received no later than March 21, 2020. No Registration will be allowed on the day of the championship. Payments can be made to individual schools.

All Registrations Should Be Mailed To:

World Champion TKD  
1308 N. Main St.  
Fuquay-Varina, NC 27526

Grand Master Choi's Olympic TKD  
10120 Green Level Church Road #210  
Cary, NC 27519

MODU Martial Arts  
105W NC Hwy 54 Suite 269  
Durham, NC 27713

KICKS Taekwondo  
8111 Rowlock Way Ste. 111  
Raleigh, NC 27613

Kim's Taekwondo Center  
1877 Lake Pine Dr.  
Cary, NC 27511

Did you include:

Registration Form  
Payment  
Turn in Form and payment to School Instructor

FIRST NAME                M.I.

LAST NAME

E-MAIL

TKD SCHOOL Name: \_\_\_\_\_ Phone: ( ) -  
City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Age on 3/28/20  Gender (Circle) Male Female Height (inches)  Weight (lbs)

BELT Belt Color: \_\_\_\_\_ Black Belt Dan Level: \_\_\_\_\_

**Medical**  
Please complete. Circle Y for Yes and N for No.  
1. Do you have any allergies to medications? Y / N  
If YES, please indicate which medications: \_\_\_\_\_  
2. Do you take any medication regularly? Y / N  
If YES, please indicate which medications: \_\_\_\_\_  
3. Do you wear contact lenses? Y / N  
4. Do you have a history of any of the following conditions?  
A. Epilepsy (seizures) Y N D. Diabetes Y N  
B. Lung Disease Y N E. High Blood Pressure Y N  
C. Heart Disease Y N  
If you answered YES to any part of question #4, please complete question #5:  
5. I hereby state that I am under the care of a physician for the treatment of \_\_\_\_\_ and that I have been medically cleared by that physician to participate in this tournament.

**Events**  
PLEASE CHECK ONE:  
 SPIRIT \$60  
 REGULAR DIVISION  
 FORMS \$70  
 COLOR BELT SPARRING \$70  
 BLACK BELT SPARRING \$70  
 No Head Contact  
 Head Contact  
 BOTH (Poom + Sparring) \$120  
 SPECIAL DIVISION  
 BB POOM GC \$75  
 TEAM POOM Separate Reg  
 DEMO TEAM Separate Reg  
**SPECIAL PRICING**  
 1 REG + 1 SPECIAL \$120  
 2 REG + 1 SPECIAL \$130  
 1 REG + 2 SPECIAL \$155  
 ALL EVENTS \$175  
Late Registration 3/16-3/21:  
Add \$10/Event Registered  
**TOTAL: \$**  
All competitors will receive a complimentary DriFit T-shirt.  
Select your size:  
YXS Adult S  
YS Adult M  
YM Adult L  
YL Adult XL  
Adult 2XL

**LIABILITY WAIVER**  
In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrators waive, release, and forever discharge any and all rights claims for damages which I may have, or which may accrue to me, against The Korean American Taekwondo Union, GM Choi's Olympic TKD, MODU Martial Arts, KICKS TKD, Kim's Taekwondo Center and World Champion TKD for its state and district associations, or their respective officers, agents, representatives, successors, and/or assigns, and against any competitors for any and all damages which may be sustained by me in connection with my association with, or entry in the above athletic meet and competition, and in connection with any medical service I may be provided in connection with any such injury or illness. I understand Taekwondo is a body contact sport and I further understand all contents of the rules and regulations and general information which were published by the sponsors and I agree with them in their entirety. I further understand that I may be dismissed from the premises without compensation of refund if my conduct is not courteous and cooperative for the successful operations of the championships.

**CERTIFICATION**  
If you are a minor (under 18 years old) and will be at the tournament without a parent, the statement below must be read and signed by a parent or legal guardian and returned prior to participating in any competition or event. The undersigned competitor (parent or legal guardian of the competing minor) represents that he has the authority to consent to the medical care and treatment of such a competitor (or competing minor) by the designees of The Korean American Taekwondo Union, GM Choi's Olympic TKD, MODU Martial Arts, KICKS TKD, Kim's Taekwondo Center and World Champion TKD.

I hereby certify that I have read and understand the above information and my responses are true and accurate to the best of my knowledge.

Contestant's Signature: \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Legal Guardian Signature (If contestant is under the age of 18)