

THE 9TH YONG IN UNIVERSITY PRESIDENTIAL CUP

International Tae Kwon Do Championship
SATURDAY, MAY 25, 2019 and SUNDAY, MAY 26, 2019

COMPETITOR REGISTRATION FORM

Registration must be postmarked no later than Wednesday, May 15, 2019.

Payments must be in form of CERTIFIED CHECK or MONEY ORDER payable to: "Yong In Martial Arts". (No personal checks.)

Mail to: Yong-In University Presidential Cup
c/o: Yong In Martial Arts
298 NW 172nd Ave
Pembroke Pines, FL USA

DID YOU INCLUDE:

- Medical Questionnaire
- Registration Form
- Payment

PRINT ALL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Parent Name: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Tae Kwon Do School: _____ School Phone: _____

APPLICATION WILL NOT BE PROCESSED WITHOUT ALL INFORMATION BELOW

Date of Birth: ___/___/___ Age: _____ Male Female Height: _____ Weight: _____ lbs.

Little Tiger Belt (circle): White Yellow/Orange Green Blue/Purple Red/Brown/Black

Color Belt (circle): White Yellow/Orange Green Blue/Purple Red/Brown

Black Belt (circle): 1st Dan 2nd Dan 3rd Dan 4th Dan 5th Dan

COST:	By April 10	By May 15
One Event	\$90	\$100
Each Additional Event	\$10	\$10
World Class Events	\$100	\$110
Boards	\$2 each	\$2 each

Spirit (Little Tigers and new White Belts)

Poomsae

World Class Poomsae

Breaking

World Class Sparring

Sparring

Number of Boards: _____

Freestyle Poomsae

TOTAL: _____

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrator waive, release, and forever discharge any and all right claims for damages which I may have, or which may accrue to me, against 2019 Yong-In University International Tournament and for its state and district associations, 2019 Yong-In University International Tournament, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2019 rules and regulations and general information which was 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 or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Competitor Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent/Guardian must sign if competitor is under 18 years of age)

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MEDICAL FORM

(This form is mandatory for all competitors.)

Please circle the (Y) for yes or (N) for no.

1. Do you have any allergies to any medications? Y N

If you answered yes, please indicate which medications

2. Do you take any medications regularly? Y N

If you answered 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?

Epilepsy (seizures) Y N

Lung Disease Y N

Heart Disease Y N

Diabetes Y N

High Blood Pressure Y N

If you answered YES to any part of question four, please complete question five.

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.

Please read carefully:

I hereby certify that the above information is true and accurate to the best of my knowledge and hereby agree that I WILL NOT be permitted to participate in this tournament if this MEDICAL QUESTIONNAIRE FORM is not completed and returned prior to the 2019 U.S. Yong-In University Presidential Cup International Tournament.

COMPETITOR SIGNATURE: _____ DATE: _____

If competitor is under age 18, this must be signed by a parent or legal guardian.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

CERTIFICATION:

Competitor's Name: _____ Age: _____

Parent's Name: _____ Phone: _____

Home Address: _____

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 2019 U.S. YONG-IN PRESIDENTIAL CUP CHAMPIONSHIP.

PARENT/LEGAL GUARDIAN NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

THE 9TH YONG IN UNIVERSITY PRESIDENTIAL CUP

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DEMO TEAM REGISTRATION FORM

Registration must be postmarked no later than Wednesday, May 15, 2019.

Payments must be in form of CERTIFIED CHECK or MONEY ORDER payable to: "Yong In Martial Arts". (No personal checks.)

NOTE: All participants must complete a COMPETITOR REGISTRATION FORM and MEDICAL QUESTIONNAIRE to complete their registration and receive credentials.

Mail to: Yong-In University Presidential Cup

c/o: Yong In Martial Arts

298 NW 172nd Ave

Pembroke Pines, FL USA

DID YOU INCLUDE:

Demo Registration Form

Payment

School Name: _____ Location: _____

Coach/Instructor Name: _____

Email: _____

Please read Demo Team competition rules and requirements before submitting your registration form and payment.

All team members MUST compete in an individual event.

DEMO TEAM \$500

Name	Birthday	Name	Birthday
1		2	
3		4	
5		6	
7		8	
9		10	
11		12	
13		14	
15		16	
17		18	
19		20	
21		22	
23		24	
25		26	
27		28	
29		30	

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrator waive, release, and forever discharge any and all right claims for damages which I may have, or which may accrue to me, against 2019 Yong-In University International Tournament and for its state and district associations, 2019 Yong-In University International Tournament, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2019 rules and regulations and general information which was 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 or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Coach/Instructor Signature: _____ Date: _____

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TEAM/PAIR REGISTRATION FORM

Registration must be postmarked no later than Wednesday, May 15, 2019.

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NOTE: All participants must complete a COMPETITOR REGISTRATION FORM and MEDICAL QUESTIONNAIRE to complete their registration and receive credentials.

Mail to: Yong-In University Presidential Cup

c/o: Yong In Martial Arts

298 NW 172nd Ave

Pembroke Pines, FL USA

DID YOU INCLUDE:

Team/Pairs Registration Form

Payment

School Name: _____ Location: _____

Coach/Instructor Name: _____

Email: _____

Please read Team/Pairs Poomsae competition rules and requirements before submitting your registration form and payment.

Pairs (co-ed) \$80

Team \$100

Division (select one):

Youth (10-11)

Cadet (12-14)

Juniors (15-17)

Under 30 (18-30)

Over 30 (31+)

Name	Belt Color
1.	
2.	
3.	
4.	
5.	

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrator waive, release, and forever discharge any and all right claims for damages which I may have, or which may accrue to me, against 2019 Yong-In University International Tournament and for its state and district associations, 2019 Yong-In University International Tournament, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2019 rules and regulations and general information which was 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 or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Coach/Instructor Signature: _____ Date: _____

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COACH REGISTRATION FORM

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298 NW 172nd Ave
Pembroke Pines, FL USA

DID YOU INCLUDE:

- Coach Registration Form
- Payment \$40

COACH \$40

PLEASE PRINT ALL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Age: _____ Gender: _____ Belt Rank: _____

Email Address: _____

TKD School: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Instructor or Master: _____

School Website: _____ School Email: _____

All coaches must leave the competition floor immediately after completion of his/her competitor's match.

The organizing committee reserves the right to suspend the coach's pass for failure to abide by the rules.

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrator waive, release, and forever discharge any and all right claims for damages which I may have, or which may accrue to me, against 2019 Yong-In University International Tournament and for its state and district associations, 2019 Yong-In University International Tournament, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2019 rules and regulations and general information which was 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 or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Coach's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

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SEMINAR REGISTRATION FORM

Registration must be postmarked no later than Wednesday, May 15, 2019.

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Mail to: Yong-In University Presidential Cup

c/o: Yong In Martial Arts

298 NW 172nd Ave

Pembroke Pines, FL USA

DID YOU INCLUDE:

- Seminar Registration Form
- Payment \$30

PRINT ALL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Parent Name: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____

Tae Kwon Do School: _____ School Phone: _____

SEMINAR: \$30

Date of Birth: ____/____/____ Age: _____ Male Female

Little Tiger Belt (circle): White Yellow/Orange Green Blue/Purple Red/Brown/Black

Color Belt (circle): White Yellow/Orange Green Blue/Purple Red/Brown

Black Belt (circle): 1st Dan 2nd Dan 3rd Dan 4th Dan 5th Dan

Seminar Choice:

Poomsae

Sparring

Liability Waiver: In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrator waive, release, and forever discharge any and all right claims for damages which I may have, or which may accrue to me, against 2019 Yong-In University International Tournament and for its state and district associations, 2019 Yong-In University International Tournament, or their respective officers, agents, representatives, successors, and/or assigns, and against any of my competitors for any and all damages which may be sustained by me in connection with my association or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with any such injury or illness, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Tae Kwon Do is a body contact sport, and I further understand all contents of the 2019 rules and regulations and general information which was 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 or refund if my conduct is not courteous and cooperative for the successful operation of the championships. I hereby agree to all terms and conditions of the liability waiver above.

Competitor Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Parent/Guardian must sign if competitor is under 18 years of age)