



2nd ATU California Taekwondo Championships

Sat. November 23, 2019 @ 8:30 am

Santa Fe Springs Badminton Club

11323 Shoemaker Ave. Santa Fe Springs, CA 90670

CaliforniaATU@gmail.com



BEST MARTIAL ARTS

MOOTO USA



Master / Coach Application

I AM APPLYING FOR: MASTER COACH

MASTER: Must be 4th Dan or Higher, Certified by Kukkiwon.

COACHES: Each Coach's Pass is \$30.

Applicant Information	
First Name _____	Last Name _____
Home Address _____	
City _____	Zip _____
Phone _____	Email _____
Age ____	D.O.B. _____
Male __	Female __
Tae Kwon Do School _____	
School Address _____	
City _____	Zip _____
Belt Rank: _____	Dan #: _____

COACHES / MASTERS must abide by the policies and rules of the tournament and respect all Judges and Volunteers.

Failure to comply will be subjected to confiscation of the Coach Pass and/or removal from the event.

Referee Chairman and Tournament Director will have the final decision for any problem that would occur.

Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

I hereby submit this registration and liability waiver form to participate in the 2nd ATU California TKD Championship. I certify that the above information is true and correct and hereby, discharge and waive any and all responsibility of SFS Badminton Club, Tournament Committee, Referees, Instructors, 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 for, being coached in, using any sports equipment in, or participating in the 1st Elite 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 minor, 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.**



Competitor Signature (if 18 years of age or older)

Parent/Legal Guardian Signature

Date