



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



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MOOTO USA



Referee Application

Referees: We would be honored to have you serve as an official at our upcoming ATU California Taekwondo Championships.

Mandatory attire: *Black pants, White dress-shirt, Red tie, and White shoes.*

ATU California Taekwondo Championships shirt, stipend, and Lunch will be provided for all the referees.

International \$150

USAT or ATU A & B \$75

USAT or ATU C & D \$50

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 #: _____ Referee Rank: _____

Polo T-shirt size: S _____ M _____ L _____ XL _____ XXL _____

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 ATU California Taekwondo 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 ATU California Taekwondo Championships. 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.**



Referee Signature (if 18 years of age or older)

Parent/Legal Guardian Signature

Date