

**OFFICIAL COACH REGISTRATION FORM**  
**13<sup>TH</sup> NJ ATLANTIC INVITATIONAL**  
**TAEKWONDO CHAMPIONSHIPS**  
**SUNDAY, May 20, 2012**

(Please be sure to include one ID size photo of yourself)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_



PHONE: \_\_\_\_\_ GENDER: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

MASTER /INSTRUCTOR'S NAME: \_\_\_\_\_

**COACH PASS: NO FEE**  
**DEADLINE: May 18, 2012**

**Liability Waiver**

In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages which may accrue to me, against U.S. Taekwondo Center or it's Directors, the United States Taekwondo Union and for it's state and district associations, and all members of the tournament, or their respective officers, agent 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 my participation in or entry in the above athletic meet and competition, and in connection with any medical services I may be provided in connection with such injury or illness. I understand that Taekwondo is a body contact sport, and I further understand all contents of the 1997 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 maybe dismissed from the premises without compensation or refund if my conduct is not courteous and cooperative for the successful operation of the tournament. All medical injuries must be reported to and examined by the Tournament Doctor or certified Nurse on the day of the tournament or medical claims will not be able to be filed.

Coach: \_\_\_\_\_

Date: \_\_\_\_\_

Parent (if you are under 18): \_\_\_\_\_

Date: \_\_\_\_\_