



NYS Athlete Developmental Seminars & Rumble Series

USAT New York State Sparring & Poomsae Rumble Application

Seminar Information

Seminar Date: 5/20/2017 Seminar Host: USAT New York State TKD Federation @ Queens College
Seminar Fee: FREE or \$50 Seminar Instructor: NYS Federation Masters and Special Guest Instructors

Participant Information

2pm-3:30pm Sparring 3:30pm-5:00pm Poomsae
All attendees are required to wear full White Taekwondo Uniform for Sparring & Poomsae Seminar.
If you have registered and paid for the 2017 USAT NYS Championships, SEMINAR IS FREE!

First Name: Last Name:

Address:

City: State: Zip:

Phone: Email:

Dojang:

Date of Birth: Age: Gender: M F

Please Circle One U.S. Citizen U.S. Resident Other Please List:

Current Belt: Current Weight:

USAT #: Black Belt #:

All participants must have registered and paid at the 2017 USAT New York State Championships to be eligible to participate for FREE. Also, participants must have active USAT membership to participate at the seminar.

Payment: () FREE (Registered & Paid for USAT NYS Championships)
() Cash or Money Order (You May Pay at the Door)

IMPORTANT: Please Fill Out Liability Form on Back or you will NOT BE ALLOWED to participate.

I hereby pledge to accept the Rules and Regulations of the USAT, New York State Taekwondo Federation and the USAT NYS Athlete Developmental Seminars.

I have attached proof of paid registration for the 2017 USAT New York State Championships.

Signature: Date:

Application May Be Emailed To: nystkd@gmail.com

Payments Must Be Made Payable to:

New York State Taekwondo Federation: 213-18 48th Ave. Bayside, NY. 11364

ATHLETE PARTICIPATION FORM

I, _____, plan to participate in the USAT New York State Athlete Developmental Seminar and Rumble Series. The USAT New York State Athlete Developmental Seminar is to take place from ____PM - ____PM at _____, NY. I commit myself to USAT and the New York State Taekwondo Federation under the date of ____/____/20____. I understand that I will be under the direction of USAT and the New York State Taekwondo Federation Masters and Coaches for the duration of the event. I further understand that if I am unable to commit myself to the seminar and follow the guidelines of USAT & New York State Taekwondo Federation Staff for the entire duration of the event that I am subject to removal from the seminar. Furthermore, I agree to inform USAT & New York State Taekwondo Federation of any injuries that occur that may inhibit my performance within 24 hours of the occurrence.

Athlete Name (Print)

Weight Division

Signature

Date

PARENT/GUARDIAN CERTIFICATION

(For Participants Under the Age of 18 as of Date of Signature)

Parent/Guardian Name (Print)

Relationship (Parent or Guardian)

Signature

Date

LIABILITY WAIVER

I hereby submit my application for registration in the USAT New York State Athlete Developmental Seminar. I understand that this martial arts seminar is a body contact sport, and that my participation in this sport involves some risk of injury. I knowingly and voluntarily assume all risk of injury. I hereby release USAT New York State Athlete Developmental Seminar, USA Taekwondo, New York State Taekwondo Federation, Ultimate Champion's Taekwondo, and its instructors, employees, coaches, organizers, and administrators for any responsibility for injury suffered during the competition. I understand further that I shall strictly obey the rules and regulations governing this seminar. In the event of such injury, I hereby give my consent to receive the appropriate medical treatment. I further agree that any pictures taken of or by me in connection with the seminar can be used by the organizers for publicity or promotion without compensation at this time or any other time. I acknowledge that I have read carefully the above and understand it fully, and I voluntarily agree to be bound by the terms specified herein.

Competitor's Signature: _____ Date: _____

*If under 18 years old, Parent or legal guardian must sign below.

The undersigned, the parents or legal guardian of the above mentioned participant, has read the foregoing, and do hereby agree to the terms, conditions, and provisions of the foregoing agreement, and agree to release the said organization and organizers for any responsibility for injury to my child suffered during this seminar. In the event of such injury, I hereby give my permission for my child to receive appropriate medical treatment

Parent/Legal Guardian Signature: _____ Date: _____

PLEASE EMAIL BOTH FORMS & SEND PAYMENT TO:
New York State Taekwondo Federation
nystkd@gmail.com | 213-18 48th Ave. Bayside, NY. 11364