Official Entry Form
Stanford Taekwondo Spring Open
Saturday, June 3, 2006 Stanford University, Maples Pavilion
Hosted by the Stanford University Taekwondo Program
Online registration also available! http://tkd.stanford.edu/spropen2006
For more information call 650-482-9727 or e-mail: stanfordtkd@yahoo.com
→ → → All registrations must be postmarked by Friday, May 26, 2006 ↔ ↔ ↔

COMPETITOR INFORMATION (PLEASE PRINT CLEARLY)

Last Name _____________________________ First Name _____________________________
Address ________________________________
City __________________ State/Zip __________ E-Mail ____________________________
Day Phone (        ) ___________________ Evening Phone (        ) __________

CLUB INFORMATION

Taekwondo Club ________________________ Instructor ____________________________
Address ________________________________
City __________________________ State/Zip ____________________________
Phone (        ) ______________________ E-mail ____________________________

Please check or fill in the appropriate spaces below.

Poomsae ________ Kyorugi ________ Weight ________ lbs.

Male________ Female________ Age ________

Rank/Division: (Yellow____ Green ____ ) ( Blue____ Red ____ ) Black ______
(8-7th Gup) (6-5th Gup) (4-3rd Gup) (2-1st Gup)

Note: Instructor, Competitor and/or Parents are responsible for the accuracy of the stated
weight. Any inaccuracy may result in immediate disqualification without refund. Tournament
Director reserves the right to modify divisions as necessary.

ENTRY FEE

Kyorugi (Sparring) and/or Poomsae (Forms) $50 Enter Online – Only $40!
(Same price, one or two events!)
http://tkd.stanford.edu/spropen2006

You are responsible for understanding and abiding by the rules of the Stanford Taekwondo Spring Open (including those on
athletic taping and padding), posted online at http://tkd.stanford.edu/spropen2006/rules.html .

SCHEDULE

Saturday, May 20 10:00 am – 2:00 pm Referee Seminar (Studio, Arrillaga Center for Sports & Recreation)
Friday, June 2 5:00 pm – 9:00 pm Weigh-In (Maples Pavilion)
7:00 pm – 9:00 pm Referee Refresher (Maples Pavilion)
Saturday, June 3 7:00 am – 8:30 am Weigh-In / Competitors Match Card Pick-Up
8:30 am Referee Meeting (Main Floor)
9:00 am Opening Ceremony (Mandatory All Competitors)
9:15 am Poomsae Competition Begins
6:00 pm (Est. time) Distribution of Team Awards – Closing Ceremony

Adult Black Belt Weight Divisions

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>135.5 lbs. and below</td>
<td>105.5 lbs. and below</td>
</tr>
<tr>
<td>150.6 – 165.5 lbs.</td>
<td>120.6 – 135.5 lbs.</td>
</tr>
<tr>
<td>165.6 – 180.5 lbs.</td>
<td>135.6 – 150.5 lbs.</td>
</tr>
<tr>
<td>180.6 – 195.5 lbs.</td>
<td>150.6 – 165.5 lbs.</td>
</tr>
<tr>
<td>195.6 lbs. and above</td>
<td>165.6 lbs. and above</td>
</tr>
</tbody>
</table>

APPLICATION CHECKLIST (if not registering online)
1. Complete all items of this entry form and sign liability waiver on back.
2. Enclose a check for entry fees payable to Stanford University Taekwondo Program.
3. Entry forms must be postmarked by Friday May 26th, 2006.
4. Mail to: Stanford University Taekwondo Program
   Dept of Athletics
   Stanford University
   Stanford CA 94305-8125
Stanford Taekwondo Spring Open
Liability Waiver, Release and Indemnification Agreement

In consideration for the privilege of participating in the Stanford Taekwondo Spring Open and in further consideration of being accepted to participate, I do hereby acknowledge that because of my participating in, traveling to, and returning from the Stanford Taekwondo Spring Open, I may suffer bodily injury or death, and loss of property, and I do hereby release, acquit, waive, forever discharge, hold harmless, and agree to indemnify the sponsors of the Stanford Taekwondo Spring Open, The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, the Stanford University Taekwondo Program and any other persons or organizations connected with the same of and from any and all liability, claims, demands, costs, damages, actions, causes of action, or suits of any nature or kind whatsoever that I, my heirs, parents, guardians, executors, administrators, personal representatives and assigns, may now or hereafter have or claim to have on account of or rising out of personal injuries, death, or damage to my person or property, or loss of time, loss of service, or for expenses incurred, accruing to me because of or in any way related to my training with, my traveling to, my participation in, and my returning from the Stanford Taekwondo Spring Open or through use of any and all facilities connected therewith.

________(Initials)

Further, I hereby grant permission in the case of injury to have an athletic trainer, doctor, EMT, paramedic, and/or otherwise trained medical personnel residing in the United States provide me with medical assistance and/or treatment. In consideration for such medical assistance or treatment, I do hereby release, acquit, waive, forever discharge the Stanford Taekwondo Spring Open, The Board of Trustees of the Leland Stanford Junior University, its officers, agents and employees, the Stanford University Taekwondo Program, the instructors, their agents, representatives, officers and directors, of and from any and all liabilities, actions, claims, demands or suits whatsoever, which I may now or hereafter have or claim to have on account of any injury sustained and suffered by me in connection with said medical assistance and treatment.

________(Initials)

I certify that a physician has examined me and certified that I am in good physical condition and have no disease or injury that would impair my performance or physical condition in training for and participating in the Stanford Taekwondo Spring Open.

________(Initials)

I also certify that I am familiar with the rules and sport of Taekwondo and the nature of Taekwondo training and practice. I am aware that there is a high risk of injury or possibly death from the very nature of the activity due to the physical contact and I assume all risk relating to the participation in the activities of Taekwondo and of the Stanford Taekwondo Spring Open.

________(Initials)

I agree that this is compulsory and mandatory that this liability waiver, release and indemnification agreement be fully completed as a precedent to my participation, and the completed liability waiver, release and indemnification agreement is incorporated by reference as part of my registration with the Stanford Taekwondo Spring Open.

________(Initials)

Important! Fill out this portion completely!

Dated ___________ Signature of participant____________________________

Dated ___________ Name and Signature of parent or ________________
Guardian if under 18 years of age

Address _______________________________________________________________________

City___________________________________________ Zip________________________

Phone (            ) _______________ Please write your phone number in case we need to contact you.