Official Entry Form
Stanford Taekwondo Spring Open
Saturday, June 2, 2001  Stanford University, Maples Pavilion
Hosted by the Stanford TKD Program

Online registration also available! [http://tkd.stanford.edu/spropen2001]
For more information call 650-482-9727 or e-mail: stanfordtkd@yahoo.com
All registrations must be received by Friday, May 25, 2001

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 ______________________ Zip/State _____________________________
Phone (    )_________________________ Email _________________________________

Please check or fill in the appropriate spaces below

Poomsae ________ Kyoroogi ________

Male ________ Female ________ Age ________

Rank: Yellow/Green ____  Blue/Red ____  Black ____

Weight __________

Note: Instructor, Competitor and/or Parents are responsible for the accuracy of the stated
weight. Any inaccuracy may result in immediate disqualification without refund.

ENTRY FEE

Kyoroogi (Sparring) $30
Poomsae (Forms) $25
Both (Sparring+Forms) $40

Please make checks payable to: Stanford Taekwondo Program

SCHEDULE

8:00 am Check 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

APPLICATION REQUIREMENTS

1. Complete all items of this entry form and sign liability waiver on back.
2. Enclose a check for entry fees payable to Stanford TKD Club.
3. Attach a photocopy of your USTU membership card.
4. Entry forms must be received by Friday, May 25, 2001.
5. Mail to: Stanford University Taekwondo Program
P.O. Box 20441
Stanford, CA 94309
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, 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 Taekwondo Club 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, I do hereby release, acquit, waive, forever discharge, hold harmless, and agree to indemnify the sponsors of 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 and/or doctor 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 Taekwondo Club, 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)

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Important! Fill out this portion completely!

Dated___________ Signature of participant_______________________________________

Dated___________ Signature of parent or ________________________________________

Guardian if under 18 years of age

Address___________________________________________________________________

City___________________________________________ Zip________________________

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