Official Entry Form
Stanford Taekwondo Spring Open
Saturday and Sunday, May 29-30, 2004 Stanford University, Burnham Pavilion
Hosted by the Stanford University Taekwondo Program

Online registration also available! http://tkd.stanford.edu/spropen2004
For more information call 650-482-9727 or e-mail: stanfordtkd@yahoo.com
→ → → All registrations must be postmarked by Friday, May 21, 2004 ← ← ←

COMPETITOR INFORMATION (PLEASE PRINT CLEARLY)

Last Name ______________________ First Name ______________________
Address ______________________ State/Zip ______________ E-mail ______________________
Day Phone ( ) _______________ Evening Phone ( ) _______________

CLUB INFORMATION

Taekwondo Club ______________________ Instructor ______________________
Address ______________________ Zip/State ______________________
Phone ( ) ______________________ Email ______________________

Please check or fill in the appropriate spaces below

Poomsae _______ Kyoroogi _______

Male _______ Female _______ Age _______

Rank/Division: (Yellow____ Green_____) (Blue____ Red_____) Black____

(8-7th Gup) (6-5th Gup) (4-3rd Gup) (2-1st Gup)

Weight _______ lbs.

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

Kyoroogi (Sparring) and/or Poomsae (Forms) $50
(Same price, one or two events!)

Enter Online – Only $40!
http://tkd.stanford.edu/spropen2004

Please make checks payable to: Stanford University Taekwondo Program

SCHEDULE

Saturday (All junior color belts: Poomse and Sparring)
7:00 am-8:30am  Weight-In / Competitors Match Card Pick-Up
8:00 am  Referee Meeting (Main Floor)
9:00 am  Opening Ceremony (Mandatory All Competitors)
9:15 am  Poomsae Competition Begins
6:00 pm (Est. time) End of Day One

Sunday (All adults and junior black belts: Poomse and Sparring)
(same as Saturday, no opening ceremony, poomsae begins at 9:00, closing ceremony est. 4:00PM)

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 21st, 2004.
4. Mail to: Stanford University Taekwondo Program
     Dept. of Athletics
     375 Santa Teresa St.
     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 for myself, for 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, 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 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 for myself, my heirs, parents, guardians, executors, administrators, personal representatives, and assigns, 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.