



THE 5TH YONG-IN UNIVERSITY PRESIDENTIAL CUP

International Tae Kwon Do Championship

Friday, 29 July 2011 and Saturday, 30 July 2011, Greensboro, NC



SCHOOL DEMO TEAM REGISTRATION FORM

(Team coach must complete this form, requires minimum of 10 students and maximum of 18 students, ages less than 18)

Registration must be postmarked no later than Wednesday, 20 July 2011.

NOTE: All participants and coaches must complete their appropriate REGISTRATION FORM and MEDICAL QUESTIONNAIRE to complete their registration and receive credentials.

Payments must be in form of **certified check** or **money order** payable to **“Yong-In 11”** (no personal checks).

Mail to:

Yong-In University Presidential Cup
C/O Tiger Kim’s WCTKD
1425 River Ridge Drive
Clemmons, NC 27012 USA

Did you include:

- Demonstration Team Registration Form
- Payment (\$300 per team)

For any registration questions, please contact Mark Wright at mastermdwright@yahoo.com or 336.416.4075.

IMPORTANT: IF ANY INFORMATION IS MISSING APPLICATION WILL NOT BE PROCESSED.

Coach/Instructor Name: _____		
School Name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Country: _____	Phone: () _____	
Email: _____		

Name	Date of Birth (mm/dd/yy)	Name	Date of Birth (mm/dd/yy)
1.	/ /	10.	/ /
2.	/ /	11.	/ /
3.	/ /	12.	/ /
4.	/ /	13.	/ /
5.	/ /	14.	/ /
6.	/ /	15.	/ /
7.	/ /	16.	/ /
8.	/ /	17.	/ /
9.	/ /	18.	/ /

LIABILITY WAIVER

In consideration of your acceptance of my registration, I do hereby, for myself, heirs, executors, and administrators waive, release, and forever discharge any and all rights claims for damages which I may have, or which may accrue to me, against 2011 Yong-In University International Tournament and for its state and district associations, 2011 Yong-In University International Tournament, or their respective officers, agents, 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 service I may be provided in connection with any such injury or illness. I understand Tae Kwon Do is a body contact sport and I further understand all contents of the 2011 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 may be dismissed from the premises without compensation of refund if my conduct is not courteous and cooperative for the successful operations of the championships.

Coach/Instructor Signature: _____ **Date:** / /