



15th Annual Yushen Lai's Invitational Taekwondo Championship

Saturday 2/11/2012

CSU-Dominguez Hills, Toro Gym, 1000 East Victoria Street, Carson, CA 90747

Register Online & \$ave: WWW.LAITKD.COM Info: (310) 212-6010



DOJANG OWNER PASS Application

Requirement: Must be Dojang Owner.

Please send this application on the address below or register online at:

WWW.LAITKD.COM

Master Yushen Lai

111 E. Carson St. #11, Carson, CA 90745

(310) 212-6010 Email: masteryushenlai@hotmail.com

Please pick-up your ID Badge at the front entrance of tournament venue, CSU-Dominguez Hills.

APPLICANT INFORMATION

EXCEPT FOR SIGNATURES, PLEASE PRINT IN CAPITAL OR TYPE ONLY!

LAST NAME _____ FIRST NAME _____

EMAIL _____ SCHOOL WEBSITE _____

TKD SCHOOL PHONE: (_____) _____

TAEKWONDO SCHOOL: _____

SCHOOL ADDRESS: _____ CITY _____ ZIP _____

SEX: MALE FEMALE AGE: _____ DAN _____

I am applying for: Dojang Owner Pass

LIABILITY WAIVER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability waiver form to participate in the Yushen Lai's Invitational Taekwondo Championship. I certify that the above information is true and correct and hereby release, discharge and waive any and all responsibility of the CSU, Dominguez Hills, Yushen Lai's Taekwondo Academy, Tournament Committee, Referees, Instructors, and other competitors from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training for, being coached in, using any sports equipment in, or participating in the said event. As a competitor or parent/legal guardian of the competitor, I give consent to any x-ray exam, medical, chiropractic, dental or other treatment(s) deemed necessary for the safety and welfare of the contestant. I understand that this authorization is given prior to any diagnosis, treatments or hospital care being required, but is given to provide the medical/chiropractic/dental staff authority to render care as deemed advisable. In the case of minors, it is understood that efforts shall be made to contact the undersigned prior to rendering treatment, but treatment will not be withheld if the undersigned cannot be reached. I understand that in case of injury, only basic first aid will be made available on site, and that I am fully responsible for any and all resulting medical or other expenses.

Signature of Applicant: _____ Date: _____