



13th Annual Yushen Lai's Invitational Taekwondo Championship



Saturday 2/06/2010

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

Register Online & Save: WWW.LAITKD.COM Info: (310) 212-6010

Scheduling

REFEREE APPLICATION

The Tournament Director would be honored to have you serve as an official at the upcoming event.

Each participating referee will receive: 1) An Officiating Certificate. 2) Tournament Gift and Shirts 3) Cash reward by Ranks 4) Invitation to lunch and dinner.

Referees must attend the Referee Meeting on Sat. 2/06/2010 8:00 AM at the CSU-Dominguez Hills.

Only the first 40 referees will be accepted. Please submit your application as early as possible.

Referee Attire: Dark color pants, White shirt, red tie or CUTA yellow tie and white shoes.

I will Attend and/or Officiating: (Check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Referee YLI's TKD Championship? 2/06/2010 CSU, Dominguez Hills	<input type="checkbox"/> Dinner After Tournament?
I am able to officiate as: (Check all that apply)	<input type="checkbox"/> Center Referee	<input type="checkbox"/> Corner Judge	Your Shirt Size:	<input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, <input type="checkbox"/> XL, <input type="checkbox"/> XXL,

Please send application to:

Or register on-line at:

Master Yushen Lai
111 E. Carson St. #11
Carson, CA 90745

WWW.LAITKD.COM

Deadline: 1/15/2010

APPLICANT INFORMATION

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

LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____ CITY _____ ZIP _____

EMAIL _____

HOME PHONE: (_____) _____ TKD SCHOOL PHONE: (_____) _____

TAEKWONDO SCHOOL: _____ INSTRUCTOR: _____

SCHOOL ADDRESS: _____ CITY _____ ZIP _____

SEX: MALE FEMALE AGE _____ DAN # _____, REFEREE RANK _____

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: _____

Signature of Parent/Legal Guardian: _____ Date: _____
(Signature of Parent or Legal Guardian required if applicant is under 18 years old)