



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



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) Cash reward or payment for USAT Referee Seminar 3) Invitation to lunch and dinner.

Referees must attend the Referee Meeting on Sat. 2/11/2012 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: Black color blazer and pants, White shirt, red tie or CUTA yellow tie and white shoes.

I will Attend and/or Officiating: (Check all that apply)	USAT Referee Certification Seminar Saturday 2/4/2012 9:00 AM – 5:00 PM	USAT Referee Seminar Fee \$60 Will be paid by Master Lai if officiating at the YLI 2/11/2012	<input type="checkbox"/> Referee YLI's TKD Championship? 2/11/2012 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		

Please send application to:

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

Or register on-line at:

WWW.LAITKD.COM

Deadline: 2/4/2012

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)