

# TEAM POOMSAE APPLICATION

**\*\*WARNING: YOU MUST FILL OUT THE FORM COMPLETELY OR IT CANNOT BE PROCESSED\*\***

Team Name \_\_\_\_\_ **3 Person Teams Only**  
 School/Club \_\_\_\_\_ Instructor \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

## Team Member #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Belt Rank \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_  
 (Guardian signature if under 18 years old)

## Team Member #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Belt Rank \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_  
 (Guardian signature if under 18 years old)

## Team Member #3

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
 Belt Rank \_\_\_\_\_ Phone \_\_\_\_\_ Signature \_\_\_\_\_  
 (Guardian signature if under 18 years old)

**Any Questions Please Contact Us: worcesterustc@gmail.com Tel (508) 767-1717 Fax (508) 767-0113**

## Division Selection

All teams will compete against each other regardless of age, gender, belt rank and Poomsae selection.

| Beginner                           |                                    | Intermediate A                     |                                    | Intermediate B                     |                                    | Advanced                           |                                    | Black Belt                        |                                    |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Poomsae 1 | <input type="checkbox"/> Poomsae 2 | <input type="checkbox"/> Poomsae 3 | <input type="checkbox"/> Poomsae 4 | <input type="checkbox"/> Poomsae 5 | <input type="checkbox"/> Poomsae 6 | <input type="checkbox"/> Poomsae 7 | <input type="checkbox"/> Poomsae 8 | <input type="checkbox"/> Koryo    | <input type="checkbox"/> Keum Gang |
| <input type="checkbox"/> Poomsae 2 | <input type="checkbox"/> Poomsae 1 | <input type="checkbox"/> Poomsae 4 | <input type="checkbox"/> Poomsae 3 | <input type="checkbox"/> Poomsae 6 | <input type="checkbox"/> Poomsae 5 | <input type="checkbox"/> Poomsae 8 | <input type="checkbox"/> Poomsae 7 | <input type="checkbox"/> Tae Baek | <input type="checkbox"/> Pyongwon  |

### Early Registration

Before October 1<sup>st</sup>

**\$90**

### Standard Registration

Before November 1<sup>st</sup>


**\$120**

### No Same Day Registration

## Payment

\*Make Cashiers checks and money orders payable to **USMO** - \*No Personal Checks Accepted\*

Total Amount Enclosed: \$ \_\_\_\_\_

 Credit Cards Only\*

Credit Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code(back of card): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Spectator General Admission

\$10 Per Day Per Person

\$15 for 2 Days Per Person

Under 4 years Free

### Liability Waiver & Release

I or the minor(the child) hereby release, discharge, covenant not to sue and agree to hold harmless to any clubs(academies) at the 12th U.S. Masters Open Tae Kwon Do Championships or has a vested interest in the activity, their respective administrators, directors, agents, officers, volunteers, referees, employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises of the event location (each considered on of the "Releasees" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, or anyone on my/the minor's from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as a result of any such claim. I have read this agreement, fully understand its terms, understand that I/the minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.

Competitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Competitor is Under 18 Years Old)

**Please mail completed application to:**  
 12<sup>th</sup> U.S. Masters Open TKD Championship  
 H.Y. Kim's U.S. Tae Kwon Do Center  
 32 Warren St. Waltham, MA 02453