

2010 National Capitol Open Taekwondo Championship Official Athlete's Entry Form

DATE: Saturday, April 24th, 2010 (See school information letter for detailed schedule and directions.)
 LOCATION: South Lakes High School, 11400 South Lakes Drive, Reston, Virginia, 20191
 FEE(S): \$65.00 for one event, \$20.00 for each additional event. \$20.00 late fee for door registration.
 \$10.00 Spectator Admission Fee
 (All proceeds will go the South Lakes High School Booster Club.)
No Personal Checks. Cash, Cashier's Checks or Money Orders only, payable to "H.K. Lee."
 MAIL TO: H.K. Lee Academy of Taekwondo, 465 Herndon Parkway, Herndon, VA 20170
 Phone: (703) 437-5111 Fax: (703) 437-6143
 DEADLINE: All applications must be postmarked by April 19th, 2010 or will incur the above late fee.

Athlete's Name: _____

Age: _____ Gender: _____ Weight: _____ Height: _____

Address: _____ ZIP: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Athlete's Rank: _____ Belt Color: _____ Circle One: Kub / Dan

TKD Academy Name: _____ City: _____ State: _____

Master or Instructor Name: _____ His or Her Rank: _____

Circle the event(s) in which you will participate:

- 1. Any Traditional or WTF Official Poomsae 2. Kyeorugi**

All athletes must have 1) a proper uniform, and 2) their own sparring equipment.

Liability Waiver: I hereby submit my application to the 2010 National Capitol Open Championship. I hereby agree to waive claims against any person, school (academy), or associations connected with Grandmaster H.K. Lee (Hyeon Kon Lee) for any injuries I may sustain, and likewise will assume full responsibility for all my actions in connection with the Championship. I also understand further that I shall strictly obey the rules and regulations governing this Championship. I further agree that any video tape recorded pictures taken of or by me in connection with the Championship can be used by the tournament Director for publicity or promotion without compensation at this time or any other time.

ATHLETE'S SIGNATURE:

PARENT/GUARDIAN SIGNATURE:

I verify that the applicant is a student at my school and the above information is correct.

MASTER/INSTRUCTOR SIGNATURE:

DO NOT WRITE IN THIS SPACE

Name: _____

Age: _____ Gender: _____ Weight: _____

Belt Color: _____ Rank: _____

School/Team: _____

POOMSAE KYEORUGI

Authorized Signature:
