

# Competitor Registration Form

## 2022 OKLAHOMA AAU STATE TAEKWONDO CHAMPIONSHIP

May 7, 2022

Oklahoma State Taekwondo Association  
10801 S. Sunnyslane Rd • Oklahoma City, OK 73160

AAU Member # \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_ Sex \_\_\_\_\_  
Street Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Belt Color \_\_\_\_\_

### SCHOOL/CLUB

Club \_\_\_\_\_ Instructor's Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby waive all claims against In Hui Won, all persons connected with the 2022 Oklahoma AAU State Taekwondo Championship, Tournament officials, Master Won's Taekwondo, Oklahoma State Taekwondo Association, and/or the U.S. Central Taekwondo Association for any injuries that I may sustain during my participation in the competition. I also assume full responsibility for any and all of my actions during and in connection with said tournament.

I further agree that any pictures taken of or by me in connection with the said Championship can be used by the tournament director for publicity or promotion without compensation at this or any other time.

Competitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If competitor is under 18 years, Signature of Parent/Guardian \_\_\_\_\_

### Please Circle Your Events:

**Kyorugi**    **Poomse**    **Breaking**    **Demo Team**    **Team Poomse**    **Weapons**

\* Teams of 3+. Individuals can only be on one team per AAU rules.

**Special Needs:**                      **Poomse**                      **Breaking**

### PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: May 1, 2022

\$75.00 for any one event

\$95.00 for any two events

\$25.00 for each additional event

\$20.00 Late Fee

**No Refunds**

### MAKE CHECKS PAYABLE TO:

Oklahoma State Taekwondo Association

Mail to: 10801 S. Sunnyslane Road

Oklahoma City, OK 73160

E-mail to: gmwons@gmail.com

Tel: (405) 793-0752    Fax to (405) 794-0768

### If paying by credit card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card Type \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\* Please include accurate weight for Kyorugi competitors. \*\*\*\*\*

**Competitors must be a current AAU member.**