

AAU Competitor Registration Form

2023 OKLAHOMA AAU STATE TAEKWONDO CHAMPIONSHIP NATIONAL QUALIFIER

April 29, 2023

Del City Middle School
2300 Linda Ln • Del City, OK 73115

AAU Member # _____ Date of birth (mm/dd/yyyy): _____
Name _____ Age _____ Wt. _____ Ht. _____ Sex _____
Street Address _____ Tel. (____) _____
City _____ State _____ Zip _____ Belt Color _____
Email: _____

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:

* Teams of 3+

Kyorugi **Poomsae** **Breaking** **Demo Team** **Team Poomsae** **Weapons**
Pair Poomsae **Double Roundhouses**
Special Needs (Para): **Para Poomsae** **Para Breaking**

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: April 26, 2023

\$80.00 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. Sunnylane 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: [or pay credit card by phone by calling (405) 793-0752] ** VISA & MasterCard Only

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.