**Oklahoma State Taekwondo Association**

**Poomsae Seminar Registration Form**

**May 18, 2024**

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| **SEND REGISTRATION TO:**(and checks payable to) | Oklahoma State Taekwondo Association10801 S. Sunnylane RoadOklahoma City, OK 73160okstkd@gmail.com Tel: 405-793-0752, Fax: 405-794-0768 |

**PLEASE PRINT *CLEARLY***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Taekwondo Rank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby waive all claims against all persons connected with this seminar, the Oklahoma State Taekwondo Association for any injuries that I may sustain during my participation in the seminar, I also assume full responsibility for all of my actions during and in connection with said seminar.

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

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please circle: AM 9:30-12:30 PM 1:30-4:30 [Cost: $35 AM session, $50 both sessions]

If paying by credit card: [or pay by phone by calling (405) 793-0752]

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

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Cardholder's Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_ Zip\_\_\_\_\_