

**Grand Master
Tiger Jung**
USA National Poomsae
Team Member

**Master
Soung-Young Park**
Taekwondo
Performance Director,
Kukkiwon

**Grand Master
Moon Seok Kim,**
Head Coach of
Cheon Ji In
Poomsae Team

14-15 SEPTEMBER

SPORT POOMSAE SEMINAR & TAEKWONDO KUKKIWON CHOREOGRAPHY

ENHANCE YOUR KNOWLEDGE WITH
WORLD CLASS MASTERS

CONTACT INFORMATION

First Name:	Last Name:
Address/City/State/Zip Code:	
Email Address:	Cellular Number:
Date of Birth:	Age:
Gender:	Belt Level/Rank:

SCHEDULE - 2nd and more event will cost additional \$50

Description	Time	Day	Events	Price
Taeguk -1 to 8	9:00 am -12:00 nn	SATURDAY	1st event	\$80
Koryo - Hansu	1:00 am - 5:00 pm	SATURDAY	add 2nd event	\$50
			add 3rd event	\$50
Sport Poomsae	9:00 am - 1:00 pm	SUNDAY	add 4th event	\$50
Choreography TKD poomsae	1:00 pm - 5:00 pm	SUNDAY	Choose how many events you prefer.	

PAYMENT

Register Online	Credit Card on file	Cash
www.inthetms.com	will have 3% service charge	

Name on Card:	Expiration:	Zip Code:	Total Amount
Card Number:		Visa,Master, Disc, Amex	
Signature (Card on File):	CVV:	Total Events:	

LIABILITY WAIVER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability form to participate in the Taekwondo poomsae seminar. I certify that the above information is true and correct and hereby discharge and waive any and all responsibility of the Ong's Taekwondo Ocala, Instructors and other officials from liability for any injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributable in whole or in part to my traveling to, training for, being coached in, using any sports equipment in, or participating in the Taekwondo poomsae seminar. As a students or parental/legal guardian of the students, I give consent to x-ray exam, medical, chiropractic, dental or other treatments(s) deemed necessary for the safety and welfare of the contestant. I understand this authorization is given prior to any diagnosis, treatment or hospital care being required but is given to provide the medical/chiropractic/ dental staff authority to render care as deemed advisable. In the case of minors, it is understood that the efforts shall be made to contact the undersigned prior to rendering treatment, but will no be withheld if the undersigned cannot be reached.

I understand that in case of injury, only basic first aid will be made available on site, and that i am fully responsible for any and all resulting medical or other expenses.

non-refundable

Parent Signature: _____

Date: _____