



# 13TH ANNUAL METRO OPEN CHAMPIONSHIP COMPETITOR REGISTRATION FORM



Sunday, June 10, 2018 | Rahway Recreation Center, Rahway NJ

**EVENT** \*Please check all appropriate space and type or print clearly.

- FORMS (WTF / OPEN)
- SPARRING / GYROOGI
- FREESTYLE BREAKING
- WEAPONS
- SPORT POOMSAE

Total Events: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

**PRE-REGISTRATION FEES:** One event = \$80.00, two events = \$95.00, three events = \$110.00, four events = \$125.00, all five events = \$140.00.

**PRE-REGISTRATION DEADLINE:**

Must be received by Thursday, June 7, 2018.

**LATE REGISTRATION FEE:** \$95.00 per one event, \$15.00 per each additional event. Must pay CASH at the door at the event on Sunday, June 10, 2018.

**NO REFUNDS, TRANSFERS AND/OR CREDITS WILL BE MADE UNDER ANY CIRCUMSTANCES.**

**PARTICIPANT INFORMATION** \*All competitors must complete this section accurately and completely in order to participation.

YOUR MEDICAL INSURANCE NAME & POLICY NUMBER: \_\_\_\_\_

Name \_\_\_\_\_ Gender:  MALE  FEMALE

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_ HEIGHT \_\_\_' \_\_\_" WEIGHT \_\_\_ LBS

BELT (SPECIFY COLOR ONLY): \_\_\_\_\_ DAN (BLACK BELTS ONLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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Text this message @metronj  
to this number 81010

**SCHOOL & INSTRUCTOR INFORMATION**

SCHOOL NAME: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_

MASTER / INSTRUCTOR: \_\_\_\_\_ RANK: \_\_\_\_\_ DAN: \_\_\_\_\_

SCHOOL ADDRESS (in full): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Payment Information**

(PLEASE CHECK ONE)

- CASH  MONEY ORDER / CASHIER'S CHECK
- SCHOOL CHECK  CREDIT CARD  SCHOOL CREDIT CARD

**Credit Card Information**



Credit Card # \_\_\_\_\_ / / \_\_\_\_\_ Expires \_\_\_\_\_ Security Code \_\_\_\_\_

Name on the Card \_\_\_\_\_ Amount (\$) \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

**NO PERSONAL CHECKS ACCEPTED. MAKE ALL CASHIER S CHECK/ SCHOOL CHECK OR MONEY ORDER TO: IMA**  
INTERNATIONAL MARTIAL ARTS  
54 Cutters Dock Rd., Woodbridge, NJ 07095  
T: (732) 636-0044 / F: (732) 636-4079 / info@imatkd.com

**Register Online at  
www.MetroOpenNJ.com**

**Liability Waiver**

I understand that Taekwondo is a physical contact sport which involves the risk of injury. I agree that I will be responsible for all case of accidents such as any damage, loss and any injury etc. which occurred during physical exercise and competition of demonstration till the finish of the tournament. I agree that the organizing committee for the 13th Metro Open Championship including organizers, officials, staff and volunteers as well as the venue, venue staff, referees, Masters, instructors, coaches, fellow competitors, staff except competitor herself/himself will be indemnified from all accidents as above and release and forever discharge from any claims for damages. I, also agree that the medical treatment provided by the organizing committee, if necessary will be a first aid type only.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature / Legal Guardian Signature (if participant is under 18 years old) \_\_\_\_\_ Emergency Contact Person Name \_\_\_\_\_ Phone \_\_\_\_\_