



13TH ANNUAL METRO OPEN CHAMPIONSHIP MASTER/COACH REGISTRATION FORM



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

ATTACH
ID SIZE
PHOTO HERE

Master's Name _____

Please indicate in which capacity you will be attending the
13th Annual Metro Open Championship. *Check all that apply.*

MASTER COACH

Register Online at
www.MetroOpenNJ.com



Metro Open News - Stay Informed
Text this message @metronj to this number 81010

COACH PASS: \$40.00 DEADLINE: Thursday, June 7, 2018
(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

Your First Name _____ Your Last Name _____

Street Address or P.O.Box _____ Home Phone _____

City _____ State _____ Zip _____ Work Phone _____

Dan#, Rank, Referee Certificate # _____ E-mail Address _____

Taekwondo School _____ Coach Name _____

School Street Address _____ School Phone _____

City _____ State _____ Zip _____ School Fax _____

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 _____ Emergency Contact Person _____

E-mail: _____ Name: _____ Tel: _____