



18TH U.S. HONG-IK TAE KWON DO CHAMPIONSHIPS

Queens College, Fitzgerald Gym, 65-30 Kissena Blvd. Flushing, NY 11767

Saturday, March 22, 2025

COMPETITOR REGISTRATION FORM

TOURNAMENT EVENTS

<input type="checkbox"/> WT FORMS <input type="checkbox"/> OPEN FORMS	<input type="checkbox"/> BREAKING/ KYUK-PA	<input type="checkbox"/> SPARRING/ KYOROOGI	<input type="checkbox"/> OBSTACLE COURSE (11yrs. & under)
TOTAL AMOUNT DUE: \$ _____			

PRE-Registration Fees: \$110.00 One Event. **\$15.00** each additional event.

PRE-REGISTRATION DEADLINE: *Must be received by Saturday, March 15, 2025*

LATE Registration Fees: \$130.00 One Event. **\$20.00** each additional event.

LATE REGISTRATION DEADLINE:
Must be received by Wed., March 19, 2025.

**** PLEASE PROVIDE ALL INFORMATION. TYPE OR PRINT CLEARLY ****

PARTICIPANT INFORMATION

*** All competitors must complete all sections accurately and completely in order to participate.***

NAME: _____ Circle: Male / Female

DATE OF BIRTH: ____ / ____ / ____ AGE: ____ HEIGHT: ____ ft. ____ in. WEIGHT: ____ lb.

RANK (Specify Color Only): _____ Belt Black Belts Only: ____ Dan

Emergency Contact Information

Name: _____ Relationship: _____ Tel: (____) ____ - ____

TKD SCHOOL NAME: _____

SCHOOL TEL: (____) ____ - ____ School Email: _____

PAYMENT INFORMATION

Make CASHIER'S CHECK,
SCHOOL CHECK or
MONEY ORDER Payable to:

Song Tae Kwon Do Academy

Mail Registrations & Checks to:

**Song Tae Kwon Do Academy
1869 Black Rock Turnpike
Fairfield, CT 06825**

CHECK ONE: Cash _____
Money Order/Cashier's Check _____
School Check _____
(NO Personal Checks)

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

For further assistance, contact Song Tae Kwon Do Academy – Tel(203) 332-3300 •Email: songtkdfairfield@gmail.com

PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETE

Do you have any medical conditions that the tournament directors should be aware of? YES _____ NO _____

If yes, explain: _____

**The Competitor and/or Parent/Legal Guardian of the competitor represent that in the event of injury, accident, and/or illness he/she has the authority to consent to medical care treatment for themselves (or the competing minor) provided by the organizers of the 2025 U.S. Hong Ik Taekwondo Association Championships.*

LIABILITY WAIVER

I acknowledge that I assume all of the risks of participating in the 2025 U.S. Hong Ik Taekwondo Association Championships. I certify that I am physically fit. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: I waive, release, and discharge any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may occur. The U.S. Hong Ik Taekwondo Association, their directors, officers, employees, volunteers, representatives, agents, event sponsors, event volunteers, Queens College and any other entities or persons involved are hereby released from any and all liabilities or claims.

I understand all contents of the 2025 Rules, Regulations and General Information which was published by the sponsors, and I agree with them in their entirety. I further understand that I may be precluded from participating due to physical issues and that I can be dismissed from the premises without compensation or refund if my conduct hinders the successful operation of the championships.

I hereby certify that the above information is true and accurate to the best of my knowledge and hereby agree that I WILL NOT be permitted to participate in this tournament if this form is not completed and submitted and reviewed prior to the tournament.

Competitor's Signature: _____ Date: ____ / ____ / ____

***If the Competitor is under the age of 18 years old, the following must be completed by Parent/Guardian:**

Parent/Guardian _____ Date: ____ / ____ / ____

PRINT NAME

SIGNATURE