



# 21<sup>st</sup> Annual Yushen Lai Invitational Taekwondo Championship

Saturday 02/24/2018

CSU-Dominguez Hills, Toro Gym. 1000 East Victoria Street, Carson, CA 90747

Register Online Early & Save at: [WWW.LAITKD.COM/YLI](http://WWW.LAITKD.COM/YLI) Info: (310) 212-6010



## COACH APPLICATION

**Coach Pass** is \$45 online or by mail on or before discount deadline 2/21/2018, \$50 after deadline and on the day of the tournament at the ticket booth. Coach Passes will have free access to the tournament venue and will permit coaching for the Kyorooigi competition only.

**Coach Meeting:** All Coaches are required to attend a 15 minute meeting before sparring competition on tournament day. Competition Rules will be explained by the Referee Chairman. A Coaches Wristband will be handed out at the meeting to activate the Coach Pass. Without a Coach Wristband you will NOT BE ALLOWED to coach players in the ring. Please clear the floor as soon as your competitor's match is over. There will be a designated Coach Seats surrounding the competition ring at the venue.

**One Free Coach Pass** will be provided to each school sending minimum of 10 students, and one additional free coach pass for every 10 students thereafter.

*(All Complimentary Coach Passes will be put together with the Competitor Cards in the school envelopes. All purchased Coach Passes will be picked-up from Check-In table and they will be moved to the Ticket Booth after Check-In closed.)*

Please send this application on the address below or register online at:

[WWW.LAITKD.COM/YLI](http://WWW.LAITKD.COM/YLI)

**Grandmaster Yushen Lai**

111 E. Carson St. #11, Carson, CA 90745

(310) 212-6010 Email: [masterlaitkd@gmail.com](mailto:masterlaitkd@gmail.com)

### APPLICANT INFORMATION

EXCEPT FOR SIGNATURES, PLEASE PRINT IN CAPITAL OR TYPE ONLY!

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ TKD SCHOOL PHONE: (\_\_\_\_) \_\_\_\_\_

TAEKWONDO SCHOOL: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SEX:  MALE  FEMALE AGE: \_\_\_\_\_ DAN # \_\_\_\_\_ (if applied)

Enclose \$45 for one Coach Pass. (One application for each additional coach pass).  
Mail must be arrived at the address above on or before Wednesday 02/21/2018

Register online at [WWW.LAITKD.COM/YLI](http://WWW.LAITKD.COM/YLI) Deadline: Wednesday 02/21/2018

Coach Pass may also be purchased on tournament day for \$50 at the Ticket Booth.

### LIABILITY WAIVER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability waiver form to participate in the Yushen Lai's Invitational Taekwondo Championship. I certify that the above information is true and correct and hereby release, discharge and waive any and all responsibility of the CSU, Dominguez Hills, Yushen Lai's Taekwondo Academy, Tournament Committee, Referees, Instructors, and other competitors 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 said event. As a competitor or parent/legal guardian of the competitor, I give consent to any x-ray exam, medical, chiropractic, dental or other treatment(s) deemed necessary for the safety and welfare of the contestant. I understand that this authorization is given prior to any diagnosis, treatments 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 efforts shall be made to contact the undersigned prior to rendering treatment, but treatment will not 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.** I release all rights to any photographs, video, audio, electronic images in which I or the minor appear and allow it to become the property of YLITC without compensation to be used, published, reproduced, distributed and other uses free of all claims and/or damages which may be incurred.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of Parent or Legal Guardian required if applicant is under 18 years old)