



21st 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 Info: (310) 212-6010



REFEREE APPLICATION

The Tournament Director would be honored to have you serve as an official at the upcoming event.

1) Each participating referee officiating the entire tournament will receive an honorarium outlined below:

*Non-Certified Referee	USAT Certified *D Level	USAT Certified C Level	USAT Certified B Level	USAT Certified A Level	International Referee (IR)	USAT Certified Poomsae Referee Will receive additional
\$50	\$65	\$80	\$95	\$110	\$130	\$10

*Referees who bring in their own ipads with iPoomsae pre-loaded for the Competition Poomsae will receive additional \$10. A total of 9 ipads will be needed.

- Referees must report to Master Danny Gonzalez, Referee Chairman, and attend the Referee Meeting on tournament day at 8:00 AM at the Toro Gym, Hospitality Room, CSU Dominguez Hills.
- Continental Breakfast, lunch and dinner will be served.
- Only the first 50 referees will be accepted. Please register online or submit your application as early as possible!
- Referee Attire: Black color blazer and pants, White shirt, red tie and white shoes.

I will Attend and/or Officiate: (Check all that apply)	<input type="checkbox"/> USAT Referee Certification Seminar Saturday 1/20/2018	<input type="checkbox"/> Referee for YLI's TKD Championship 02/24/2018 CSU, Dominguez Hills	<input type="checkbox"/> I am USAT Certified Competition Poomsae Referee	<input type="checkbox"/> *I will bring in one ipad for use in Competition Poomsae.
I am able to officiate as: (Check all that apply)	<input type="checkbox"/> Center Referee	<input type="checkbox"/> Corner Judge	<input type="checkbox"/> Competition Poomsae	<input type="checkbox"/> Dinner After Tournament?

Please send application to: Grandmaster Yushen Lai
111 E. Carson St. #11
Carson, CA 90745
(310) 212-6010 masterlaitkd@gmail.com

Or register on-line at:
WWW.LAITKD.COM/YLI

Deadline: 2/11/2018

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 ____ Black Belt Dan: ____ or Color Belt Rank: ____.

USAT Referee Rank ____ USAT Competition Poomsae Certified: Y__, N__ and Rank ____.

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)