

California Unified Taekwondo Association

2008 REFEREE CERTIFICATION SEMINAR APPLICATION

1. Qualification: Red belt & higher, age 16 & older. With or without experience. Former USTU & current USAT Referee Certifications will be recognized and rewarded a compatible rank.
2. Requirement: CUTA Individual Membership required. Membership fee is \$10.
3. Referee Seminar Fee: \$25
4. Online registration for membership & seminar is available at www.cutkda.com.
5. All participants will receive a Referee Rank Certifications and a CUTA Referee ID Badges.(bring 2 ID photos to Seminar)
6. Referee Attires Reward: Rank D = Referee Tie; C = Tie+Blazer; B&A = Tie+Blazer+Shoes.
7. Monetary Compensation when referee each CUTA sanctioned tournament: Rank D = \$35; C = \$50, B = \$65; A = \$80.
8. The Referee Chairman will keep records of each referee for their performance and participation on tournaments, for their future upgrade.
9. Referee Seminar will be conducted by CUTA Referee Chairman, Grandmaster Tom Vo, IR (International Referee)

Online Registration is available at WWW.CUTKDA.COM

Or Mail Application to: **CUTA** 800 W. Carson St. #32 Torrance, CA 90502
For More Information please call Master Yushen Lai at (310) 212-6010 or email: masterlai@cutkda.com

NORTHERN REGION

Date: Saturday July 26, 2008
Time: 9:00 AM – 5:00 PM
Place: Robinson Taekwondo Academy
6324 Fair Oaks Blvd. #D
Carmichael, CA 95608

SOUTHERN REGION

Date: Saturday August 9, 2008
Time: 9:00 AM – 5:00 PM
Place: Tom Vo Taekwondo Academy
18071 Magnolia Street
Fountain Valley, CA 92708

APPLICANT INFORMATION

LAST NAME _____ FIRST NAME _____
SEX: MALE FEMALE BIRTHDAY _____ AGE: _____
HOME ADDRESS _____ CITY _____ ST _____ ZIP _____
EMAIL _____
HOME PHONE: (_____) _____ TKD SCHOOL PHONE: (_____) _____
TAEKWONDO SCHOOL: _____ INSTRUCTOR: _____
SCHOOL ADDRESS: _____ CITY _____ ST _____ ZIP _____
 DAN or KUP REFEREE RANK: Certified by: USAT: _____; USTU: _____; CUTA: _____
CUTA Member? Yes, CUTA Membership #. _____, No, I have enclosed Membership Application & Fee \$10.
 I have enclosed Referee Seminar Fee \$25.
 Northern Region. Southern Region.

Please list any and all tournaments that you have officiated in the past including tournament title and year:

LIABILITY WAIVER AND CONSENT TO MEDICAL TREATMENT

I hereby submit this registration and liability waiver form to participate in the Referee Certification Seminar sponsored by the California Unified Taekwondo Association. I certify that the above information is true and correct and hereby release, discharge and waive any and all responsibility of the venue, where conducted the seminar, California Unified Taekwondo Association, Instructors, and other participants 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.**

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

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