



2007 Season Coach's Pass Registration Form and Agreement



All entry forms must be filled out completely and all necessary documentation completed in order for your application to be accepted. Please note: coaches with season passes must abide by coach seminar rules and take all necessary courses.

Last Name: _____		First Name: _____		Gender: <u> </u> M <u> </u> F	
Address: _____					
City: _____		State: _____		Zip: _____	
Day Phone: _____		Cell Phone: _____		Fax: _____	
Email: _____					
School/Club Name: _____				Date of Birth: _____ / _____ / _____	
School Address: _____					
City: _____		State: _____		Zip: _____	
Day Phone: _____		Fax: _____			
USAT Member Number: _____					

USAT Coach Certification _____

Last Seminar Attended _____

First 2007 Event You Are Planning to Attend _____

Liability Waiver: In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against USA Taekwondo, of the 2007 International/National USA Taekwondo events and the respective organizing committees, the United States Olympic Committee, and all of the venues used for the 2007 International/National events, the World Taekwondo Federation, and all members of the championships, or their respective officers, committees, medical committee, agents, representatives, successors, and/or assignees and against any competitor for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic competitions, or which may arise out of traveling to, participating in, and returning from these athletic competitions. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I understand that if I fail to abide by the rules of the USA Taekwondo, the respective venues, or any of its counterparts, or if my conduct is not cooperative for the successful operation of the tournament that I may be dismissed from the premises without compensation, and my credentials may be taken away along with all rights and privileges provided by those credentials. If I fail to show up at the competition, I knowingly forfeit all applicable registration fees. I understand that refunds will not be given for any reason. I understand that personal/business checks are not acceptable forms of payment for registration and that they will be returned to the applicant with his/her application. I further understand that any pictures taken of me in connection with the 2007 USA Taekwondo International/National events may be used by USA Taekwondo for publicity or promotion without compensation. I hereby agree to all the terms and conditions of the liability waiver above.

Print Name: _____

Signature: _____ Date: _____

Total Amount Due: \$300.00

Please Check Payment Type: Cashier's Check Money Order Visa MasterCard American Express Discover

Credit Card #: _____ Expiration Date: _____ Security Code (Located on back of card) _____
 Print Name _____ Zip Code _____
 of Cardholder: _____ of Cardholder _____ Signature: _____

Please Mail Applications to:
 USA Taekwondo
 Attn: Meredith Miller
 1 Olympic Plaza, 104 C
 Colorado Springs, CO 80909
 Call 719-866-4632 with any questions

For USA Taekwondo Office Use Only:					
<input type="radio"/> Money Order	<input type="radio"/> Cashier's Check	#:	_____	Amt Rcvd.:	_____
			Rcvd Date:	_____	Rcvd By: _____

COACH CODE OF CONDUCT

The following outline is USA Taekwondo's (USAT) Code of Conduct. The Code is for all members to fully abide by when participating in all USA Taekwondo's sanctioned event(s). Failure to comply with the following guidelines can result in the removal from an event, dismissal from future USAT sanctioned events, and/or the complete suspension from participation as a competitor staff member or as a competitor in future USAT sanctioned events.

1. One will act in a manner, consistent with the spirit of fair play and responsible conduct.
2. One will acknowledge, respect and adhere to the authority of USA Taekwondo's appointed event and tournament staff, and team leader(s) if necessary.
3. One will fully comply with the USA Taekwondo (USAT), the United States Olympic Committee (USOC), and the World Taekwondo Federation (WTF) uniform requirement.
4. One will maintain an appropriate level of fitness to promote optimal athletic performance.
5. One will refrain from the excessive use of performance-limiting drugs, including, but not limited to, tobacco and alcohol.
6. One will refrain from using any substance on the Olympic Movement Anti-Doping Code, as enforced by USADA.
7. One will abide by the policies and rules established by the USAT, the USOC and the World Taekwondo Federation.
8. One will respect others, including coaches, competitors, officials, and spectators.
9. One will not engage in, nor tolerate, any form of verbal, physical or sexual abuse toward coaches, competitors, officials, and spectators.
10. One will respect the property of others.
11. One will refrain from illegal or inappropriate behavior that would deter from a positive image of oneself and USA Taekwondo.
12. One will maintain a positive attitude and act in a way that will bring honor to oneself, the staff, the sport of Taekwondo, the USA Taekwondo and the United States of America.
13. One will remember that I am an ambassador of USA Taekwondo, my country and the Olympic movement.

The USA Taekwondo recognizes that this Code does not establish a comprehensive set of rules that prescribes every aspect of appropriate behavior.

Participant's Printed Name

Participant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date



USA TAEKWONDO CONSENT FOR MEDICAL TREATMENT- COACH

I, _____, consent to medical treatment for athletic related injuries/illnesses by USA TAEKWONDO Medical Personnel and /or Hospital Medical Staff. I authorize treatment by such personnel in the event of injury or illness.

(Coach's Signature)

(Date)

As a parent or legal guardian of _____, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness while participating in a USA TAEKWONDO event or as a member of USA TAEKWONDO Medical Personnel and/or Hospital Medical Staff.

(Parent/Guardian Signature)

(Date)

All medical evaluations completed by USA TAEKWONDO Medical Personnel for athletic injuries are considered confidential and will be filed at the USA TAEKWONDO National Office. Copies of medical injury forms can be requested verbally from the USA TAEKWONDO Medical Coordinator by the injured athlete, or parent of a minor athlete at the time of injury or requested in writing following a competition. The original injury report form will remain on file in the USA TAEKWONDO National Office. No information about an individual athlete will be released without that athlete's permission. Information pertaining to injury data without using an athlete's name will be released to the Medical Director, the Medical Coordinator or their assistants for purposes of injury research or recommendations for safety rule changes only. An athlete's name and injury will only be released in cases pertaining to head injuries requiring the athlete to not compete for 30 days. This information will be released to the Medical Director, Medical Coordinator, Referee Chairperson, Tournament Committee Chairman, National Events Director, Executive Director and or Executive Committee for purposes of enforcing the 30-day rule in compliance with USA TAEKWONDO and WTF rules.

(Coach's Signature)

(Parent/Guardian Signature)

(Date)

INSURANCE INFORMATION:

Primary Insurance Company: _____ Policyholder's Name: _____

Insurance Address: _____

Insurance Phone: _____ Policy #: _____ Claimant's Name (Print): _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

- In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against USA Taekwondo and for its states and district associations, this athletic meet, it's organizing committee, the United States Olympic Committee, USA Taekwondo, and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lesser of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are nonrefundable.
- I understand the nature of USA Taekwondo activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that USA Taekwondo activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.
- If the minor child or I are selected, I agree to be drug tested pursuant to the United States Olympic Committee National Anti-Doping Program, as amended. I understand that such drug testing may take place at any time during the competition. If the minor child or I fail to show up at the athletic meet, for any reason, I knowingly forfeit this competition and all applicable registration fees. I further understand that any pictures taken of the minor child or me in connection with this athletic meet may be used by USA Taekwondo for publicity or promotion without compensation.
- I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Participant's Printed Name

Participant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date