

# COACH

## REGISTRATION FORM

### 2025 OKLAHOMA AAU STATE TAEKWONDO CHAMPIONSHIP NATIONAL QUALIFIER May 3, 2025

U.S. Central Taekwondo Association Central Gym  
10801 S. Sunnyslane Rd., Oklahoma City, OK 73160

Name \_\_\_\_\_ Age \_\_\_\_\_ AAU Member # \_\_\_\_\_

Street Address \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

#### SCHOOL/CLUB

Club \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I, the undersigned, hereby waive all claims against In Hui Won, all persons connected with the 2025 Oklahoma AAU State Taekwondo Championship, Tournament officials, Grand Master Won's Taekwondo, Oklahoma State Taekwondo Association, and/or the U.S. Central Taekwondo Association for any injuries that I may sustain during my participation in the competition. I also assume full responsibility for any of my actions during and in connection with said tournament.

I further agree that any pictures taken of or by me in connection with the said Championship can be used by the tournament director for publicity or promotion without compensation at this or any other time.

Coach's Signature \_\_\_\_\_ Date \_\_\_\_\_

If coach is under 18 years, Signature of Parent/Guardian \_\_\_\_\_

#### PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: April 30, 2025

Coach Registration: \$50

Late Fee: add \$25 at the door (must be current AAU member because requires background check for adults)

#### Make checks payable to:

Oklahoma State Taekwondo Association

Mail to: 10801 S. Sunnyslane Road

Oklahoma City, OK 73160

Email: [gmwons@gmail.com](mailto:gmwons@gmail.com)

Tel. (405) 793-0752 Fax (405) 794-0768

If paying by credit card: [or pay credit card by phone by calling (405) 793-0752] \*\* VISA & MasterCard Only

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Card Type \_\_\_\_\_ Amount \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Cardholder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*\*\*\*\* Coach must be a current AAU member. \*\*\*\*\*