

AAU

Competitor 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

AAU Member # _____ E-mail _____
Name _____ Age* _____ Wt. _____ Ht. _____ Sex _____
Street Address _____ Tel. (____) _____
City _____ State _____ Zip _____ Belt Color _____
Date of birth (month/day/year): _____

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, 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 and all 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.

Competitor's Signature _____ Date _____

If competitor is under 18 years, Signature of Parent/Guardian _____

***see AAU Handbook for specifics on which qualify for nationals

Please circle your Events:

Kyorugi (Olympic Sparring)	Poomsae	Breaking	Demo Team (teams of 3+)	
Special Needs (Para):	Para Poomsae (special needs only)	Point Sparring	Team Poomsae Pair Poomsae	Weapons Double Roundhouses Single Roundhouses (30 sec right leg, 30 sec left leg)
		Para Breaking (special needs only)		

PRE-REGISTRATION & ENTRY FEE

Pre-registration received by: April 30, 2025

\$85 for any one event

\$35 for each additional event

\$25 Late Fee at the door

No Refunds

MAKE CHECKS PAYABLE TO:

Oklahoma State Taekwondo Association

Mail to: 10801 S. Sunnyslane Road

Oklahoma City, OK 73160

E-mail to: gmwons@gmail.com

Tel: (405) 793-0752

If paying by credit card: [or pay credit card by phone by calling (405) 793-0752]

Credit Card # _____ Exp. Date _____ CVV _____

Cardholder's Name _____ Card Type _____ Amount _____

Cardholder's Signature _____ - _____ Date _____ Phone _____

Cardholder's Address _____ City _____ State _____ Zip _____

***** Please include accurate weight for Sparring competitors. *****

Competitors must be a current AAU member.