

**Chung Kim's 47th Annual  
US Open Metropolitan  
Tae Kwon Do Championship**

**SATURDAY, April 27th, 2019**

Bettendorf High School Gymnasium  
3333 18th Street, Bettendorf, IA



**MEETING:**

A rules meeting will be held at 9:30 a.m.  
All instructors, referees and Black Belts  
**MUST BE PRESENT.**

**COMPETITION:**

Eliminations start promptly at 10:30 a.m. and  
competition at all levels will occur simultaneously.

**ADMISSION:**

Children under 12 \$2.00  
Adults (12 & over) \$3.50  
Children under 5 and Senior Citizens  
(65 & above) admitted free.

**FOR MORE TOURNAMENT INFO VISIT:**

**chungkim.com**

**REGISTRATION FEES:**

\$55.00 per contestant for event,  
\$60.00 for any two events,  
\$65.00 for any three events, or  
\$70.00 for four events (forms, fighting, breaking,  
and weapons forms).  
Payment to accompany entry form.

**FAMILY DISCOUNT:**  
**When two children preregister  
for 3 events each,  
PARENTS COMPETE FOR FREE!**

**Preregister by April 6, 2019 and  
RECEIVE 10% OFF REGISTRATION FEE**

Call 563-359-7000 for details

**Chung Kim's Black Belt Academy**

1423 18th Street, Bettendorf, IA 52722 USA



Entry No. \_\_\_\_\_



**47th Annual  
U.S. Open Metropolitan  
TAE KWON DO  
CHAMPIONSHIPS**  
**SATURDAY, April 27th 2019**  
Bettendorf High School  
Bettendorf, IA

**10% DISCOUNT**  
 YES! I'm Pre-registering by April 6th, 2019.  
 1 Event - ~~\$55.00~~ now \$49.50  
 2 Events - ~~\$60.00~~ now \$54.00  
 3 Events - ~~\$65.00~~ now \$58.50  
 4 Events - ~~\$70.00~~ now \$63.00

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Wgt. \_\_\_\_\_ Rank \_\_\_\_\_  
Home Address \_\_\_\_\_ Instructor's Name \_\_\_\_\_  
School or Club Name \_\_\_\_\_ Address \_\_\_\_\_  
In Case of Emergency: Name of Person to Contact \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Date \_\_\_\_\_ Signature (read below before you sign) \_\_\_\_\_

**RELEASE OF CLAIMS RE PERSONAL INIURY AND ASSUMPTION OF RISK**  
I hereby voluntarily submit my application for attendance and participation in the aforementioned 47th ANNUAL U.S. OPEN METROPOLITAN TAE KWON DO CHAMPIONSHIPS. With full knowledge of the risk of injury, I do hereby assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending or participating in the event and expressly waive and release all claims against the promoters, instructors and/or sponsors of said event, individually or otherwise, and release each of them in respect of any injury I may sustain.  
I further understand that any medical treatment given to me at this event will be of emergency first aid treatment only, and I expressly request and consent to such emergency assistance. I consent that any pictures taken of/ or by me in connection with this event can be used for publicity, promotion or television showings, and waive any right to compensation thereof.  
**NOTE: THIS RELEASE CONSENT AND ASSUMPTION OF RISK HAS IMPORTANT LEGAL CONSEQUENCES. IF UNDER 18, THIS DOCUMENT MUST BE EXECUTED BY PARENT OR LEGAL GUARDIAN.**

Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_ If under 18, Signature of Parent or Guardian \_\_\_\_\_

**FORMS** (Please Print)

NAME \_\_\_\_\_  
SCHOOL OR CLUB \_\_\_\_\_  
RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_  
DIVISION \_\_\_\_\_

**BREAKING** (Please Print)

NAME \_\_\_\_\_  
SCHOOL OR CLUB \_\_\_\_\_  
RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_  
DIVISION \_\_\_\_\_

**FIGHTING** (Please Print)

NAME \_\_\_\_\_  
SCHOOL OR CLUB \_\_\_\_\_  
RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_  
DIVISION \_\_\_\_\_

**WEAPON FORMS** (Please Print)

NAME \_\_\_\_\_  
SCHOOL OR CLUB \_\_\_\_\_  
RANK \_\_\_\_\_ WT \_\_\_\_\_ AGE \_\_\_\_\_  
DIVISION \_\_\_\_\_

WEAPON FORMS FIGHTING BREAKING FORMS

STAMP

STAMP

STAMP

STAMP

**NOTE: Fill out the stubs on the right for each event you will be participating in. \$55.00 per contestant for one event, \$60.00 for any two events, \$65.00 for any three events, and \$70.00 for four events (forms, fighting, breaking, or weapon forms), payment to accompany entry form.**