



# MONTANA TAEKWONDO ASSOCIATION

# REFEREE CERTIFICATION APPLICATION

### I AM APPLYING FOR CERTIFICATION AS:

- C** (Corner Judge)
- B-3** (New Center Referee)
- B-2** (Qualified Center Referee)
- B-1** (Expert Center Referee)

**Seminar Fee: \$35**

**Referee Polo Fee: \$15**

**Shirt Size:**

All MTA Referees MUST purchase a referee polo shirt the first time they certify as an MTA Referee (to be worn at all events)  
**MAKE CHECKS OR MONEY ORDERS PAYABLE TO MONTANA TAEKWONDO ASSOCIATION**

**ALL INFORMATION IS REQUIRED — Please Print Legibly**

Name:			
Mailing Address:			
City:		State:	ZIP:
Gender:	Date of Birth:	Telephone:	E-mail Address:
School/Club Name:		Instructor Name:	
Mailing Address:			
City:		State:	ZIP:

### List the MOST RECENT referee training & certification seminars you have attended:

	Location of Seminar:	Date of Seminar:	Level Achieved:
<b>MTA Seminar:</b>	_____	_____	_____
<b>USAT Seminar:</b>	_____	_____	_____
<b>AAU Seminar:</b>	_____	_____	_____

### List the most recent (up to 6) Taekwondo tournaments you have worked as a referee during the last year:

	Name & Location of Event:	Date of Event:	Center Referee?	Corner Judge?	Forms Judge?
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

## WAIVER & RELEASE OF LIABILITY

In consideration of your acceptance of my application, 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 the Montana Taekwondo Association (MTA) while participating in any of its programs and affiliated events as an MTA Referee. I do hereby further release from claim or lien any and all members, officials, volunteers, and other individuals acting in any capacity on behalf of MTA. I further state that I fully understand that the above named parties are not responsible for injuries or damages sustained during travel to or from MTA events or activities and that Taekwondo competition is a contact activity with inherent risks of physical injury (including serious injury and death). I hereby represent that I possess insurance coverage for myself. I understand that the MTA reserves the right to reject my application for any reason deemed appropriate by the MTA.

\_\_\_\_\_  
Name of Applicant (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Signature (if under 18)

\_\_\_\_\_  
Date

**Send Fees and Proof of MTA Membership and Prior Referee Certifications to: Montana Taekwondo Association • Referee Development & Certification Committee Chairman John Paul Noyes • 301 Main Street • Kalispell, MT 59901**