



**SEMINAR FEE:
FREE**

MUST HAVE CURRENT MTA MEMBERSHIP TO BE CERTIFIED

I AM APPLYING FOR CERTIFICATION AS:

- C-2** — New Corner Judge
- C-1** — Experienced Corner Judge
- B-2** — New Center Referee
- B-1** — Experienced Center Referee

FREE Polo Shirt Size:

Referee polo shirt to be worn at all events where you referee.

Make your check or money order payable to the Montana Taekwondo Association.

MONTANA TAEKWONDO ASSOCIATION REFEREE TRAINING & CERTIFICATION CLINIC REGISTRATION FORM

REFEREE INFORMATION — All Requested Info is REQUIRED

Name:

Mailing Address:

City, State, Postal Code:

Date of Birth: Email Address:

TKD Rank: School/Instructor:

TRAINING

LIST THE MOST RECENT REFEREE SEMINARS YOU HAVE ATTENDED:

	Location of Seminar:	Date:	Level Earned:
MTA:	_____	_____	_____
USAT:	_____	_____	_____
AAU:	_____	_____	_____

EXPERIENCE

LIST THE MOST RECENT TAEKWONDO TOURNAMENTS YOU HAVE WORKED AS A REFEREE DURING THE PAST YEAR:

Name & Location of Event:	Date of Event:	Corner Judge?	Center Referee?	Forms Judge?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Participant

Signature

Parent Signature (if under 18)

Date

**Send Fees and Proof of MTA Membership and Prior Referee Certifications to: Montana Taekwondo Association
Referee Chair Brice Cady • c/o 528 Lake Elmo Dr. • Billings, MT 59105 • bricec258@gmail.com**