



KUKKIWON COURSE REGISTRATION FORM

* Kukkiwon Test Examiner Certification
* World Taekwondo Hanmadang Referee Training Course



First Name _____ Last Name _____ Korean Name _____

School Name _____ School Phone _____

School Address _____

City _____ State _____ Zip _____ Country _____

Home Address _____

City _____ State _____ Zip _____ Country _____

Cell No. _____ Date of Birth _____ Age _____

MM / DD / YYYY

Email Address _____ Nationality _____ Sex: M ☐ F ☐

Kukkiwon Dan Rank _____ Kukkiwon Cert. No. _____ Date Issued _____

MM / DD / YYYY

Other Dan Rank _____ Organization _____

School Owner: Yes ☐ No ☐ Occupation _____ Title of Work _____

Education (Period from-to) _____ Name of School/ Major _____

Taekwondo Career _____

International Masters Certification Course (\$200)

☐ June 8-11, 2017 in San Francisco, CA

World Taekwondo Hanmadang Referee Course (\$350)

☐ June 8-11, 2017 in San Francisco, CA

Both Masters & Hanmadang Certification (\$550)

☐ June 8-11, 2017 in San Francisco, CA

Make Check Payable to 'KH Kim' or 'WTMU' and send to:

Venue: UC Berkeley, Kleeberger Field House
2301 Bancroft Ave.,
Berkeley, CA 94720

WTMU
Address: 3141 Dundee Road, Northbrook, IL 60062
Email: KukkiwonAmerica@gmail.com
Website: www.KukkiwonAmerica.us
Tel: (847) 480-9224 or (630) 390-9975

LIABILITY WAIVER

In consideration of your acceptance of my registration, 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 which may accrue to me, against the KUKKIWON AMERICA/ WTMU and KUKKIWON, World Taekwondo Headquarters, and their respective officers, agents, representatives, successors, and or assigns, and all damages which may be sustained by me in connection with my association with or entry in the above events, or which may arise out of traveling to, participating in, and returning from such events, and in connection with any medical service I may be provided in connection with any injury or illness. I understand that Taekwondo is a body contact sport, and I further understand all contents of the courses and general information which was published by the sponsors and I agree with them in their entirety. I further understand that I may be dismissed from the premises without compensation if my conduct is not cooperative for the successful operation of the events. I also agree that any and all photographs taken by the officials of the KUKKIWON AMERICA/ WTMU and the KUKKIWON are the sole property of the KUKKIWON AMERICA/ WTMU and KUKKIWON officials and are to be used as they wish.

Applicant's Signature _____ Date _____