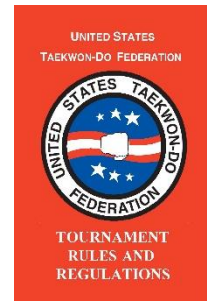




Harrisburg Taekwon-Do Presents



USTF REFEREE SEMINAR

INSTRUCTOR

Senior Master Todd



DATE

Saturday, May 2nd, 2020
9 am to 5 pm



LOCATION

Harrisburg Middle School
233 Harris Street
Harrisburg, Missouri 65256

COST

\$75.00 – 1ST TIMERS & UPGRADE (INCLUDES BOOK)
\$50.00 – REFRESHER, \$10-BOOKS

Students must be red belt to certify (red stripe if adults)

CONTACT

Sr. Master Winn

susandrkr@gmail.com

573-476-2109

Please bring the following to this event:

- Course fee payable to Sr. Master Winn
- Complete application (clearly legible) which is attached
- Resume if you are upgrading to class A or B, sample attached
- Two photos 1"x1"
- Signed release form

USTF REFEREE SEMINAR RELEASE FORM

Name: _____ USTF School: _____

Rank: _____ Age: _____ Sex: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Initial Seminar:	\$75.00	\$ _____
Refresher Seminar:	\$50.00	\$ _____

Make checks payable to: Sr. Master Winn
USTF Taekwon-Do Referee Seminar
Liability and Photograph Release

In consideration of my and/or my child's participation in this event, I hereby, for myself and for and on behalf of my child, indemnify, release, forever discharge and agree to hold harmless the Seminar Promoters, Sr. Master Larry Winn, Sr. Master Ricky Todd, The United States Taekwon-Do Federation, Inc. and the officers, employees and agents thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney fees, which may be incurred by the undersigned and/or the child participant while participating in this event.

I clearly understand that the sport of Taekwon-Do involves bodily contact. I am aware of my, and my child's personal medical condition and hereby certify that my, and or/my child's participation is voluntary, and that I and/or my child are mentally and physically fit to participate in this event.

I hereby consent to and authorize the taking of photographs or videotape in which I and/or my child may appear. I hereby waive for myself and for and on behalf of my child, all rights of privacy in and to any said photographs or videotapes, including without limitation, any and all claims for the libel and/or invasion of privacy. I hereby grant for myself and for and on behalf of my child, to the Promoters the irrevocable right and permission, in respect to the photographs or video tapes that are taken or have been taken of me to use, reuse, publish, re-publish, modify and display the same, in whole or in part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now and hereafter know, for illustration, promotion, art, advertising and trade, or any purpose whatsoever; and to use my name in connection therewith if it so chooses.

Signature: _____ Date: _____

Parent or Guardian (if under 18) _____

My health insurance is through _____ and is current. You MUST provide current information in order to participate. Participants must be at least 12 years old or have their instructors written permission.

UNITED STATES TAEKWON-DO FEDERATION



REFEREE CERTIFICATION APPLICATION



*Your Two Photos
1"x1"*

(MUST BE TYPED OR PRINTED)

Date of Course: _____ Standard Refresher Location: _____

Applicant's Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Occupation: _____

Rank: _____ Date of Ranking: _____ Current USTF Dan #: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Telephone: _____ Email: _____

Name of Taekwon-Do School: _____

Name of Instructor: _____ Telephone: _____

Current Referee Status: If you have been certified by the USTF you must check the current level of certification, date and place of certification, otherwise you will be considered as a beginner not yet certified.

Classification	Check	Date of Certification	Place of Certification
Not Certified		NA	NA
USTF "C" REFEREE			
USTF "B" REFEREE			
USTF "A" REFEREE			
Under 16 Years Old		NA	NA
COACH		NA	NA

As a member of the USTF I do hereby apply for certification as a Class _____ Referee.
(Classification)

Date of Application: _____ Signature of Applicant: _____

To be filled out by applicant's instructor:

Recommended by (Print Instructor's Name): _____ Rank: _____ Signature: _____

OFFICIAL USTF USE ONLY (DO NOT WRITE BELOW THIS LINE)

WRITTEN EXAM

PRACTICAL PERFORMANCE EXAM

Score: _____
 Pass Fail

Refereeing Score: _____
 Pass Fail

Judging Score: _____
 Pass Fail

The above applicant has hereby been approved or disapproved (circle one) as a Class _____ Referee.

Effective Date: _____ Expiration Date: _____ Fee Paid: \$ _____

Examiner: _____

EXAMPLE

First Name, Last Name
Street Address
City, State, Zip
DOB:
Rank, and USTF Number

USTF Resume

School Name
Instructor:

Current Certifications

USTF Class C Referee, Date
USTF Class B Referee, Date

Officiating Experience

List Tournaments, location, date
Position performed during tournament
Example:

Axe TKD tournament – Bellevue, NE 5/13
Corner judge: sparring, patterns
Center referee: sparring
Timekeeper: patterns

GM Sereff Fall Tournament – Denver, CO 10/13
Corner judge: sparring, patterns
Center referee: sparring
Timekeeper: patterns

In known list number of divisions or rounds