

2025 OFFICIAL COMPETITOR REGISTRATION FORM



USA DREAM OPEN TAEKWONDO CHAMPIONSHIP

Online Register:
www.usadreamopen.com

January 25, 2025

Independence High School
617 N. Jackson Ave,
San Jose, CA 95113

Registration Checklist

This Form

Signed Liability
Release Waiver

Payment made out to:
Lion Choi or Dream Martial
Arts TKD

1. Competition Events and Fees

Check the Events you wish to participate in: ***(Box A and B must be checked!)***

- | | |
|---|---|
| <input type="checkbox"/> Poomsae / World Class Poomsae (Kukkiwon Poomsae) | <input type="checkbox"/> 1 Event \$120 |
| <input type="checkbox"/> Open Poomsae (Palgae/Other forms) | <input type="checkbox"/> 2 Events \$140 |
| <input type="checkbox"/> Weapon Form | <input type="checkbox"/> 3 Events \$160 |
| <input type="checkbox"/> Synchronized Team Poomsae (3 People Only) | <input type="checkbox"/> 4 Events \$180 |
| <input type="checkbox"/> Mixed Pair Poomsae (1 Male and 1 Female) | <input type="checkbox"/> 5 Events \$200 |
| <input type="checkbox"/> Sparring / World Class Sparring | <input type="checkbox"/> 6 Events \$220 |
| <input type="checkbox"/> Power Hand Breaking | |
| <input type="checkbox"/> Power Kick Breaking | |
| <input type="checkbox"/> Three Directional Breaking | <input type="checkbox"/> Team Demo: # of Partner: _____ |

**NO
REFUND**

Check the
Box

White/Yellow/Orange

Green/Blue/Purple

Brown/Red

_____ Dan/Poom

2. Competitor Information

First Name _____ Last Name _____ MI _____

Gender: Male Female D.O.B. / / Age: _____

Address _____ City _____

State _____ Zip _____ Email _____

Evening Phone () _____ Day Phone () _____

Height _____ - _____ Weight _____ Country (International) _____

3. Competitors & Parents Please Read & Sign Below

I, hereby waive any and all rights or claims I may have against Independence High School, City of San Jose, CA., Dream Martial Arts Academy, its staff, vendor's, volunteers or sponsors, and any agents, employees, servants, spokespersons, or representatives of such above mentioned entities. And I hereby release and discharge them from any and all claims resulting from injuries, including death, damages or loss which may accrue to me or my heirs arising out of or in any way connected with my attendance and/or participation at USA DREAM OPEN TAEKWONDO CHAMPIONSHIP. I represent and warrant that I am physically and mentally fit, able to participate, and I do hereby assume responsibility for my own well-being, understanding that participation involves bodily contact. I have read, understand and agree to abide by the USA DREAM OPEN rules associated with USA DREAM OPEN events & assume all responsibility & any liability for infringement of such rules & agree to accept the tournament arbitrator's decisions as final. I consent to allow any reproductions of me or likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with the USA DREAM OPEN TKD CHAMPIONSHIP 2025 which can be used for instruction, publicity, promotion or television broadcast and I waive any and all compensation in regards thereto. I agree that I have obtained permission from the artists of any music I use in conjunction with my competition and verify by signing this permission that in doing such, I will indemnify, defend and hold harmless all the above named parties from any liability for use of such music and that this artist's permission permits the above names parties to use such music in recorded performances of myself for instructional purposes, publicity, promotion, video and/or televised broadcast and I waive any and all compensation for such.

x

Date: / /

Competitor or Parent/Guardian Signature Assuming Responsibility if under 18

4. Studio/Do Jang Information

Studio/Do Jang _____

Master/Instructor _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone () _____ Fax () _____

5. Further Instructions

*Applications must be received **no later than January 22, 2025**

*Applications received after **January 22, 2025 will result in a \$30 late fee.**

*Door registration is \$150 (First event)

*Attach cashier's check or money order made out to ***Dream Martial Arts Academy*** for the total entry fees.

*Send all registration materials to: **Dream Martial Arts Academy**

Attn: Dream Open TKD Championship
75 N. san Aquino Rd, Campbell, CA 95008

*For more information: Phone: (310) 707-7400 / Email: usadreamopen@gmail.com