



YOUNG MOO CHAMPIONSHIP  
SUNDAY APRIL 30TH 9:30am-4pm  
Somerville YMCA Main Gymnasium

2 Green St, Somerville, NJ 08876 • (908) 722-4567

<https://www.gscymca.org/locations/somerville-ymca/somerville-ymca>

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### Highlights:

- FORMS, OBSTACLE COURSE, TEAM / INDIVIDUAL SPARING, BREAKING
- ALL FUNDS RAISED GO TOWARD STUDENT PROGRAMS

### Tournament Information and Requirements:

Registration Fee: **\$75.00** FOR 3 EVENTS **OVER 3 EVENTS \$100.00**

- ALL ATTENDEES MUST BE PRE-REGISTERED TO ATTEND
- **FILL OUT ONE REGISTRATION FORM PER PARTICIPANT EVEN IF SIBLINGS**
  - NOTE: PARENTS AND FAMILY MEMBERS MUST BE ALSO LISTED ON FORM IF ATTENDING DUE TO YMCA PUBLIC POLICY
- NO ADMITTANCE ON DAY OF EVENT IF NOT PRE-REGISTERED
- ID IS REQUIRED FOR CHECK IN OR YOU WILL NOT BE ABLE TO ENTER
- REGISTRATION FORM, PHOTO RELEASE, WAIVER AND YMCA RELEASE (sections A, B C & D attached) MUST BE SIGNED and MAILED OR GIVEN AT CLASS WITH REGISTRATION PAYMENT TO MASTER HAN
- **YOU ARE NOT CONSIDERED REGISTERED UNTIL YOU RECEIVE EMAIL FROM COMMITTEE MEMBER**
- **ALL ENTRY FORMS DUE BY APRIL 7TH**

Make checks payable to: **YOUNG MOO T.K.D.**

Mail checks to:

YOUNG MOO T.K.D.  
320 Ratian Ave unit#1  
Highland Park NJ 08904

**Attn: Master Han-CHAMPIONSHIP**

If you have any questions or need additional information, feel free to contact us:

General Questions	Registration	Registration
Master Han	Susan Gaeta	Hai Nguyen
Youngmootaekwondo@gmail.com	tsgaeta@yahoo.com	haind93@gmail.com
732-576-2000	908-586-1623	732-586-6688

Sincerely,

Team Registration Committee



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**REGISTRATION FORM ON NEXT PAGE**

**REGISTRATION FORM, RELEASE & CONSENT OF MEDIA USE AND OWNERSHIP, AND  
WAIVER & INDEMNIFICATION**

**(A) PARTICIPANT REGISTRATION -SINGLE REGISTRATION**

PRINT NAME:

ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  EMAIL:

AGE:

GRADE:

WEIGHT-SPARRING ONLY:

HEIGHT-SPARRING ONLY:

**CATAGORIES TO ENTER:**

PLEASE CHECK TEAM SPARRING  FORM  BREAKING

OBSTACLE COURSE  INDIVIDUAL SPARRING

**SHIRT SIZE: \$25.00 per shirt**

COST: \$ PLEASE CHECK SMALL  MEDIUM  LARGE  X-LARGE

DO NOT WANT A TOURNAMENT SHIRT

**PARENT OR INDIVIDUAL OVER 18 WISHES TO VOLUNTEER TO ASSIST:**

PRINT NAME:

PHONE:  EMAIL:



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**FAMILY MEMBERS OTHER THAN PARTICIPANT ATTNDING-MUST HAVE ID AND BE REGISTERED ON DAY OF TOURNAMENT OTHERWISE WILL NOT ALLOWED INTO EVENT**

PRINT NAME:

ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  EMAIL:

**FAMILY MEMBERS OTHER THAN PARTICIPANT ATTNDING-MUST HAVE ID AND BE REGISTERED ON DAY OF TOURNAMENT OTHERWISE WILL NOT ALLOWED INTO EVENT**

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CITY:  STATE:  ZIP:

PHONE:  EMAIL:

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ADDRESS:

CITY:  STATE:  ZIP:

PHONE:  EMAIL:

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**(B) RELEASE & CONSENT OF MEDIA USE AND OWNERSHIP**

We are asking for your permission to use any interviews, photographs, video recordings or other statements or communications, in whole or in part, made by you during the **APRIL 30TH 2023 TAEKWONDO TOURNAMENT COMPETITION** (collectively known as "MEDIA") sponsored by **YOUNG MOO TAEKWONDO** ("YOUNG MOO"). Permission will permit use of MEDIA by **YOUNG MOO** in written or oral internal or external publications and brochures, videos and on the **YOUNG MOO** school intranet/internet site available to individual employees/agents/representatives/school and outside community viewing to show the types of activities that the **YOUNG MOO** has found to make a difference.

I, [REDACTED], hereby give consent to **YOUNG MOO**, its affiliates and agents for the following:

1. to use my name and,
2. to use my MEDIA within **YOUNG MOO TAEKWONDO** as described above

I consent to use, publication, dissemination and circulation of my name and Media as described above.

I understand that I, will not be compensated or receive other remuneration now or in the future for my MEDIA or use, publication, dissemination or circulation as described above, and that no additional permission is required for any similar future use to **YOUNG MOO**.

I understand that I will **not** have any editorial rights over any content of the materials.

I give and grant **YOUNG MOO** its affiliated entities, agents, licensees, successors and assigns (the "**Licensed Parties**") the right to use, publish, disseminate or circulate the MEDIA as discussed above. I agree that the MEDIA and all materials relating thereto will be wholly owned, and may be copyrighted, by **YOUNG MOO**. I hereby waive any rights of any kind in connection with the MEDIA, or any duplicates thereof. This Release and Consent is binding upon the undersigned and his/her heirs, legal representatives, successors, and assigns. This consent and release is not assignable.

I agree that nothing in this document will constitute any obligation of the Licensed Parties to make any use of the MEDIA.

I hereby warrant that I am at least 18 years of age and hereby consent and give permission to the above for **myself and/or on behalf of my child/children**. I have every right to contract in my own name in the above regard. I state further that I have read the above authorization/consent, release, and agreement, prior to its execution, and that I am fully familiar with and understand the contents thereof.

Name [REDACTED] Date: [REDACTED]

Telephone No.: [REDACTED] E-mail: [REDACTED]

I am aware my typewritten and/or printed name is as same as if it was hand-written and will be legally binding.



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**(C) WAIVER AND INDEMNIFICATION**

By signing below, I understand as an entrant or participant, by completion of this form and signing it, I hereby acknowledge and accept the inherent risks involved in the **Taekwondo Championship** held on **April 30, 2023** and will not hold **YOUNG MOO** and **Volunteers** responsible for any damages or injuries occurring during this event or to myself.

I agree to indemnify and hold **YOUNG MOO**, their officers, volunteers, committee organizers, their staff and anyone else connected with the same, from any and all known and unknown damages, injuries, judgements and all claims that may be suffered to any entrant or property of whatever nature that may in any way arise out of my participation in the taekwondo event held on event date.

I acknowledge that I maintain sufficient insurance coverage in connection with this Waiver and INDEMNIFICATION.

I have read and understood this **WAIVER AND INDEMNIFICATION**. I freely consent to participate in the **APRIL 30, 2023 TAEKWONDO CHAMPIONSHIP**. I understand that I am responsible for my own health, safety and property.

\_\_\_\_\_  
 Participant (Print)

\_\_\_\_\_  
 Date of Signature

I am aware my typewritten and/or printed name is as same as if it was hand-written and will be legally binding.

TOURNAMENT FEE FOR 3 EVENTS	TOURNAMENT FEE FOR OVER 3 EVENTS	T-SHIRT FEE	Total Amount Enclosed	THANK YOU! Check Number
\$75.00	\$100.00	\$	\$	

**Thank you!**

❖ **Payment Information for TOURNAMENT COMMITTEE use only**

Date received: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Received by: \_\_\_\_\_

Date of Confirmation Email Sent: \_\_\_\_\_

Tournament Database Entered -By/Date: \_\_\_\_\_

Number Assigned: \_\_\_\_\_

**PLEASE PRINT AND FILL OUT REQUIRED YMCA FORM IN PDF ATTACHED AND INCLUDE WITH APPLICATION**



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(D) WAIVER AND INDEMNIFICATION FOR YMCA

## SOMERSET COUNTY & PLAINFIELD YMCA

### GUEST INFORMATION Unit #: \_\_\_\_\_

Guest ages 18 and older must provide a state or government issued photo ID. Please fill out all information below. Please print.

**GUEST INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Gender: ( ) Male ( ) Female

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

#: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ( ) Home ( ) Mobile

Email: \_\_\_\_\_

Preferred method of contact: ( ) Mail ( ) Email ( ) Phone

**I AM A GUEST OF:**

Member Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Relationship to Guest: \_\_\_\_\_

Phone: \_\_\_\_\_



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**TO BE COMPLETED BY STAFF:**

Type of Picture ID: \_\_\_\_\_ Issuing

State/School/Organization: \_\_\_\_\_

( ) Guest, 3 Annual

Visits: \_\_\_\_\_

\_\_\_\_\_  
(Please list name of member and membership type)

( ) Try the Y Pass (7 day)

( ) Nationwide YMCA

Member: \_\_\_\_\_

\_\_\_\_\_  
(Please call the participating YMCA while guest is at the WC.)

Chaperone: \_\_\_\_\_

\_\_\_\_\_  
(Please list name of member)

( ) Special

Event: \_\_\_\_\_

\_\_\_\_\_  
(Please list name of event)

( )

Other: \_\_\_\_\_

\_\_\_\_\_  
(Please list name of program, hotel, community partner, etc.)

Information Verified

by: \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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## **SOMERSET COUNTY & PLAINFIELD YMCA RELEASE AND HOLD HARMLESS AGREEMENT**

**ATTENTION:** Please read carefully as this Agreement affects you and your family's legal rights.

**GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:**

In consideration of being permitted to utilize (as a member, participant, guest or volunteer) the facilities, services and programs of Somerset County Young Men's Christian Association, Inc. (YMCA) for any purpose (including, but not limited to observation or use of facilities or equipment, or participation in any program or event affiliated with the YMCA, without respect to location) I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, hold harmless the YMCA, all directors, officers, employees, volunteers, agents, independent contractors and other participants (collectively "YMCA & Affiliates") from any and all liability claims, demands, costs, expenses, and actions of any nature whatsoever arising out of or related to any loss, damage or injury, including death, which may be sustained by me, any members of my family, my guests of any age, or to property, whether or not caused by any negligence, either active or passive, by or on behalf of the YMCA & Affiliates.

**ASSUMPTION OF RISK:** I understand that participating in activities, as a participant, volunteer, or observer, exposes me to a risk of property damage, personal injury or death. I represent that I am in good health and have not been advised by a health care professional of any restrictions that would affect safe participation in any program or activity in which I elect to take part. I hereby agree to inspect and carefully consider such premises and facilities or the affiliated program immediately upon each occasion of entering or participating. I understand that my choice of participating in programs or activities is voluntary on my part, and I affirm my desire to participate in such program or activity. I agree to assume full responsibility for my safety, the safety of my family and guests, and the safety of my property while I am in or at the YMCA or an event or program affiliated with the YMCA, without respect to location.

**MEDICAL RELEASE:** In case of accident, injury, or illness of whatever kind or nature and however caused, and in the event my Emergency Contact as designated herein cannot be readily reached, I hereby authorize YMCA & Affiliates permission to act on my behalf in seeking appropriate emergency medical treatment. I understand I am responsible for all fees and expenses that result from any such care and treatment rendered.





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**PHOTOGRAPHIC AND AV RELEASE:** I hereby give permission and consent to YMCA & Affiliates to make incidental and occasional photographic, audio and video recordings in connection with participation in YMCA activities or programs and to utilize the same in any manner, and without any compensation to, and/or claim by me, my family or guests.

**OTHER:** The terms herein shall also serve as a release and assumption of risk by my heirs, successors, assigns and legal representatives, and all members of my family, and may be pleaded as a bar to litigation.

If any provision of this Agreement is deemed invalid by a court of competent jurisdiction, the invalidity of such provision shall not affect the validity of the remaining provisions of this Agreement, which shall remain in full force and effect.

The YMCA conducts regular sex offender screenings on all members, participants and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

**SEE NEXT PAGE FOR CONCENT**



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**PARTICIPANT**

I am 18 years of age or older (or my Parent/Guardian is also a signatory herein) and have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

NAME:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PARENT/GUARDIAN**

(This section must be completed if the participant is under 18 or legally incapacitated)

I represent that I am the parent or legal guardian of the Participant. I acknowledge that I have read, understand and voluntarily agree to accept the terms of the above Release and Hold Harmless Agreement with respect to the above named Participant.

NAME:

\_\_\_\_\_

SIGNATURE:

\_\_\_\_\_

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**EMERGENCY CONTACT**

NAME:

\_\_\_\_\_

RELATIONSHIP:

\_\_\_\_\_

CONTACT NUMBERS:

\_\_\_\_\_

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