



Saturday, March 8, 2025, Sonoma Valley High School, 20000 Broadway, Sonoma

7:30am Silverbacks  
8:00am Check In  
8:30am Referee/Judge/Officials Meeting  
8:45am Poomsae Staging  
9:00am Poomsae Competition(Forms)

12:00pm Opening Ceremony/Lunch/Dems  
(immediately after Poomsae):  
- Kyorugi Staging  
- Kyorugi Competition (Sparring)  
(immediately after Kyorugi):  
- Closing Ceremonies

**PLEASE READ CAREFULLY, INCLUDE ALL INFORMATION AND PLEASE PRINT OR TYPE**

NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_(mm/dd/yyyy) \_\_\_\_\_ Street \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Gender: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ lbs. Height: \_\_\_\_\_

BELT COLOR: \_\_\_\_\_ RANK: (KUP) \_\_\_\_\_ (DAN) \_\_\_\_\_ Do you currently have health insurance: (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

CLUB/SCHOOL NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

CLUB/SCHOOL ADDRESS: \_\_\_\_\_ INSTRUCTOR'S NAME: \_\_\_\_\_  
Street City State Zip

**CHECK EVENT(S) YOU WISH TO ENTER:**

- POOMSAE
- KYORUGI
- SPORT POOMSAE (BLACK BELTS ONLY)

**EVENT FEES: one event \$80, two events \$90, three events \$100**

I hereby submit this registration and liability waiver form to participate in the Sonoma Invitational Taekwondo Championship 2025. I certify that the above information is true and correct and hereby release, discharge and waive any and all responsibility of The Sonoma School of Martial Arts (Hwa Rang Kwan Sonoma), the Northern California Taekwondo Association, Grandmaster Robert Morey, the tournament organizing committee, tournament directors, referees, instructors, coaches, medical staff, and other competitors from liability for an injury, including death, and for damage to or loss of property which may be suffered by myself arising out of, or in any way resulting from or attributing in whole or in part to my traveling to, training for, being coached in, using any sports equipment, or participating in the Sonoma Invitational Taekwondo Championship 2025.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mailing Address: Robert Morey, 4175 E. Third Avenue, Napa, CA 94558