

# DIRECTIONS

LOMITA PARK AND RECREATION CENTER  
24428 ESHELMAN AVE.  
LOMITA 90717  
GO TO: <http://maps.google.com/>

## COMING FROM SOUTH

405 N. TO 110 S. EXIT SEPULVEDA BLVD.  
RIGH TURN W. ON SEPULVEDA TO CABRILLO  
(TURNS INTO ESHELMAN) LEFT TURN TO  
24428 ESHELMAN AVE.

## COMING FROM THE NORTH

405 S. TO 110 S. EXIT SEPULVEDA. RIGHT  
TURN W. ON SEPULVEDA TO CABRILLO  
(TURNS INTO ESHELMAN) LEFT TURN TO  
24428 ESHELMAN AVE.

## THE CLINICS

1. Wol Do Hyung - From the 3rd book of the  
Moo Yeh Doh Bo Tong Jee - Ted Mason &  
Fred Messermith HKI

2. Bong Striking & use Techniques, Bong  
Hyung - Learn Bong striking & usage skills  
as well as a hyung - Ken Trevellyan TAC

3. Um Yang oi hurum - "Reaction drills".  
Several segments, incorporating sticky  
hands, ho shin sul, soo ki, and only in the  
end stages some jok ki. - George Hoffmeis-  
ter - REX

## FOR MORE INFORMATION:

PLEASE CONTACT:  
FRED MESSERSMITH  
(310) 533-6058 OR  
E MAIL: [region9@socal.rr.com](mailto:region9@socal.rr.com)

# REGISTRATION FORM

NAME \_\_\_\_\_

AGE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY TELEPHONE # ( ) \_\_\_\_\_

RANK \_\_\_\_\_ FED. I.D. NO. \_\_\_\_\_

INSTRUCTOR'S NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE (IF UNDER 18, SIGNATURE OF PARENT)

## PLEASE INDICATE YOUR CHOICE OF SEMINARS

MORNING SESSION	
AFTERNOON SESSION	

• ENTRY FEE: \$99.00 BOTH SESSIONS  
\$65.00 ONE SESSION

MAKE CHECK OR MONEY ORDER PAYABLE AND MAIL  
ALONG WITH THIS FORM ON OR BEFORE FEB. 08, 2006  
OR BRING ON DAY OF CLINIC.

REGION 9  
1538 W. CARSON ST.  
TORRANCE, CA 90501

PLEASE MAKE SURE YOU HAVE FILLED OUT AND  
SIGNED THE WAIVER ON OTHER SIDE OF THIS FORM,  
WAIVER MUST BE FILLED OUT IN ORDER TO PARTICI-  
PATE!

# HKI/REX/TAC CLINIC'S



SUNDAY FEBRUARY 25, 2007  
LOMITA PARK AND RECREATION CENTER  
24428 ESHELMAN AVE. LOMITA 90717

- ☯ OPEN TO CURRENT 3RD GUP'S AND ABOVE.
- ☯ LINE UP FOR MORNING SESSION @ 9:30 AM.
- ☯ MORNING AND AFTERNOON SESSIONS.
- ☯ OFFICAL PARTICIPATION CERTIFICATE\* WILL  
BE ISSUED BY FEDERATION HEADQUARTERS.  
CALL 888.500-BAHK ON OR BEFORE FEB. 16,  
2006.
- ☯ REGISTER BY MAIL WITH REGIONAL ADMIN-  
ISTRATOR ON OR BEFORE FEB. 21, 2007.
- ☯ REGISTRATIONS WILL BE ACCEPTED ON THE  
DAY OF THE CLINIC'S.
- ☯ QUESTIONS? CALL 310.533.6058 OR EMAIL:  
[REGION9@SOCAL.RR.COM](mailto:REGION9@SOCAL.RR.COM)

**1. ADULT WAIVER AND RELEASE OF LIABILITY**  
**2. MINOR WAIVER AND RELEASE OF LIABILITY**

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE UNITED STATES SOO BAHK DO MOO DUK KWAN AND/OR THE SAN DIEGO COUNTY MARTIAL ARTS ALLIANCE MARTIAL ARTS SEMINAR'S PROGRAM, AND RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

- 1. Agrees that the parent(s) and/or legal guardian will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her instructor or supervisor of such condition(s) and refuse to participate.
- 2. Acknowledge and fully understand that each Participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
- 3. Assume all the forgoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4. Release, waive, discharge and covenant not to sue UNITED STATES SOO BAHK DO MOO DUK KWAN FEDERATION INC., SAN DIEGO MARTIAL ARTS ALLIANCE INC., the CITY OF LOMITA, its affiliated clubs, their respective administrators, directors, agents, instructors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "RELEASES", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

1. Printed Name of Adult Participant \_\_\_\_\_  
Address of Adult Participant \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Printed Name of Minor Participant \_\_\_\_\_  
Address of Minor Participant \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Institution/Organization \_\_\_\_\_  
Printed Name of Parent or Legal Guardian \_\_\_\_\_  
Parent or Guardian Signature/Relationship \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature/Relationship \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT IN ORDER TO PARTICIPATE**

(OVER)

**MORNING CLINIC'S**

LINE UP @ 9:30 AM

**10:00 AM TO 12:00 PM**



**WOL DO SWORD HYUNG**  
INSTRUCTOR - TED MASON - HKI



**BONG STRIKING & USE, BONG FORM**  
KEN TREVELLYAN - TAC



**UM YANG OI HURAM (REACTION DRILLS)**  
INSTRUCTOR - G. HOFFMEISTER

**AFTERNOON CLINIC'S**

**1:30 PM TO 3:30 PM**



**WOL DO SWORD HYUNG**  
INSTRUCTOR - FRED MESSERSMITH - HKI



**BONG STRIKING & USE, BONG FORM**  
KEN TREVELLYAN - TAC



**UM YANG OI HURAM (REACTION DRILLS)**  
INSTRUCTOR - G. HOFFMEISTER

**CLINIC FEES:**

**BOTH SESSIONS - \$99.00**

**SINGLE SESSION - \$65.00**

PLEASE MAKE CHECKS PAYABLE TO: REGION 9

INFO: CALL 310.533.6058 OR EMAIL: [region9@socal.rr.com](mailto:region9@socal.rr.com)

(OVER)

PLEASE DETACH HERE