



# **AXE TAEKWON-DO**

## **PRESENTS**

# **USTF REFEREE SEMINAR**



**INSTRUCTOR: GRAND MASTER TODD**

**DATE: SATURDAY, OCTOBER 3, 2026**

**9:30 A.M. TO 5:30 P.M.**

- COSTS
  - \$75 FOR 1<sup>ST</sup> TIMERS & UPGRADE
    - INITIAL CERTIFICATION TO CLASS C INCLUDES THE BOOK
  - \$50 FOR REFRESHER
  - \$10 FOR BOOKS

STUDENTS MUST BE RED BELT AND ABOVE TO CERTIFY  
(BLUE BELT RED STRIPE IF ADULTS)

**CONTACT: GRAND MASTER TODD**  
**AXETKD@GMAIL.COM**

- PLEASE BRING THE FOLLOWING TO THIS SEMINAR
  - COURSE FEE PAYABLE TO AXE TAEKWON-DO OR PAY BY VENMO @RICKY-TODD-5
  - RESUME IF YOU ARE UPGRADING TO CLASS A OR B, SAMPLE ATTACHED
  - TWO PHOTOS TRIMMED TO 1" X 1"
  - SIGNED RELEASE FORM
  - REFEREE CERTIFICATION APPLICATION
    - **RESUME, RELEASE FORM AND REFEREE CERTIFICATION APPLICATION MUST BE TYPED.**



**402-650-4399**



**OFFUTT YOUTH CENTER**  
**25<sup>TH</sup> STREET & HRUSKA BLVD**  
**BELLEVUE, NEBRASKA 68123**

Ricky Todd  
@Ricky-Todd-5



**venmo**

# 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
<b>USTF "C" REFEREE</b>			
<b>USTF "B" REFEREE</b>			
<b>USTF "A" REFEREE</b>			
Under 16 Years Old		NA	NA
<b>COACH</b>		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: \_\_\_\_\_

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

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**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: \_\_\_\_\_

# 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: Axe Taekwon-Do**  
USTF Taekwon-Do Referee Seminar  
Liability and Photograph Release

Ricky Todd  
@Ricky-Todd-5



venmo

In consideration of my and/or my child's participation in this event, I am voluntarily participating in this seminar. I clearly understand that the sport of Taekwon-Do involves bodily contact. I am aware of my or my child's personal medical condition and hereby certify that I am or my child is mentally and physically fit to participate in this event. I also understand that I or my child may withdraw from this seminar at any time.

In consideration of my or my child's participation in this event, I or on behalf of my child, indemnify, release, forever discharge and agree to hold harmless the sponsor, instructor, United States Taekwon-Do Federation (USTF), Inc., USTF Region 2, Axe Taekwon-Do, the officers, employees and agents thereof, and the owner of the building/place where the activity is being held, from any and all responsibility and 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 me or my child while participating in this event.

I also consent and authorize the taking of photographs or videotape in which I or my child may appear. I hereby waive for myself and/or for my child, all rights of privacy in and to any said photographs or videotapes, including without limitation, all claims for the libel and/or invasion of privacy. I hereby grant to USTF-Region 2 and the Seminar Promoters the irrevocable right and permission, in respect to the photographs or video tapes that are taken or have been taken of me or my child 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 and/or my child's 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 to participate. Participants must be at least 12 years old or have their instructor's written permission.**

