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 1ST 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
  - SIGNED RELEASE FORM
  - REFEREE CERTIFICATION APPLICATION
  - **RESUME, RELEASE FORM AND REFEREE CERTIFICATION**
    - **APPLICATION MUST BE TYPED**.

402-650-4399

OFFUTT YOUTH CENTER

25TH STREET & HRUSKA BLVD

BELLEVUE, NEBRASKA 68123

Ricky Todd
@Ricky-Todd-5

venmo

WWW.USTF-ITF-COM

UNITED STATES TAEKWON-DO FEDERATION

REFEREE CERTIFICATION APPLICATION

(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
USTF "C" REFEREE	◯		
USTF "B" REFEREE	◯		
USTF "A" REFEREE	◯		
Under 16 Years Old	☐	NA	NA
COACH	☐	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:**

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

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: _____

Ricky Todd
@Ricky-Todd-5

venmo

Initial Seminar:	**$75.00**	**$_____**
Refresher Seminar:	**$50.00**	**$_____**

Make checks payable to: Axe Taekwon-Do
USTF Taekwon-Do Referee Seminar
Liability and Photograph Release

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.

USTF Resume

First Name – Last Name: _____
Address: _____
City/State/Zip: _____
DOB: _____
Rank & Dan Number: _____

TKD School Name: _____
Instructor, Name Rank: _____

Current Certifications

USTF Class C Referee, Date: _____
USTF Class B Referee, Date: _____

Officiating Experience (Example)

Axe TKD tournament – Bellevue, NE 4/2017
Corner judge: sparring, patterns
Timekeeper: sparring, patterns

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