

9TH Annual

Adams Taekwondo Tournament

Dear Grand Masters, Masters, Instructors and Competitors:

On behalf of Adams Taekwondo club, we would like to invite you to take part in our annual Adams Taekwondo Tournament. This year, our tournament will take place on Saturday, March 4th in Red Deer. The location is Saint Thomas Aquinas Middle School, 3821 – 39st. This is the same location as previous years.

Each competitor receives a tournament lanyard, hotdog and water voucher and a free entry into the tournament prizes. Competitor's line-up at 9:00am Saturday morning beginning with patterns at 9:30 with sparring to follow. Students will be assigned divisions based on age, rank and weight.

We thank you in advance for everyone's participation, and look forward to a fun and competitive tournament. We wish all attendees a safe and fun tournament.

We hope to see you at our tournament on March 4th in Red Deer. If you have any questions, feel free to contact us at 403-341-5254 or email adamstk@hotmail.com.

Sincerely,

ADAMS Taekwondo
Ryley Adams

ADAMS
TAEKWONDO



"Taekwondo should be a way of life, not a job, hobby, sport, but a part of you and the way you live your life."

- Date:** Saturday, March 4th, 2017
- Location:** St. Thomas Aquinas Middle School Gym **(Free Parking)**
3821 39th Street
Red Deer, Alberta
- Event Time:** 9:00am: Registration
9:30am: Line up of all patterns and sparring divisions
- Competitors:** Each competitor receives a **tournament lanyard, hotdog and water voucher** and a **free entry** into the equipment draws.
- Entry fee:** \$50.00 for one or both events LATE FEE: \$5.00 extra if registered that day
Please make cheques payable to “Adams Taekwondo”.
- Registration:** By Feb 28th. Email - adamstkd@hotmail.com. Payments & Forms can be mailed to: 56 Connaught Cres, Red Deer, AB, T4P 0K4.
\$20 NSF charge. No refunds.
- Eligibility:** Must be part of establish WTF dojang.
- Rules:** WTF Olympic rules will apply. No head contact for all belts.
No jewelry of any kind may be worn in the ring, this includes piercings.
- Equipment:** Headgear, chest protectors, shin/arm and groin protectors, mouth guards are mandatory and must be supplied by each competitor.
All competitors must wear a clean white dobuk and belt indicating rank.
- Divisions:** Divisions will be created based on age, weight, and height.
Divisions may be adjusted on the day of the competition.
- Format:** Sparring matches will be 2 one minute rounds with a 30 second break
All matches are subject to modification on the tournament date.
- Admission:** Non-competitors: \$4.00 per person and receive a free entry into equipment prizes. 4 years and under free with adult
- Food:** There will be a concession available at the tournament including lunch, snacks and drinks.

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REGISTRATION FORM

Name _____ Age _____ Gender: M F

Club _____ Instructor: _____

Telephone () _____ - _____ Belt: _____

Events: _____ Poomse _____ Sparring

MEDICAL FORM

This form must be filled out in regards to the Competitor above.

AHC# _____

1. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache in any activity in the past 30 days.

Signed _____ Under 18 years, Legal Guardian _____

2. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past 6 months?

_____ Yes _____ No

3. **If YES**, were you examined by a physician regarding this injury? Please provide a Dr.'s note allowing participation in contact sports.

_____ Yes _____ No

LIABILITY FORM

I, the undersigned, do hereby voluntarily submit my (or my child's) application for attendance and participation in the ADAMS Taekwondo Tournament. I do hereby assume all responsibility for any and all damages, injuries or loss of personal possessions that I (or my child) may sustain or incur, while attending and participating. I hereby waive all claims ADAMS Taekwondo and RDCRD#39 it's officers and directors, the promoters, sponsors, associations, facilitators or other competitors of said tournament individually or otherwise, for any damages, injuries or losses that I (or my child) may sustain or incur. I fully understand that any medical treatment given to me will be by a licensed Emergency Medical Technician (EMT or Paramedic) or certified First Aid Attendant. I hereby give permission that in case of emergency (in the opinion of the EMT or EMT-P or First Aid attendant) that I (or my child) may be transported to the hospital by ambulance for further treatment as a precautionary measure.

Date: _____ Signature: _____

Parent signature for participants under 18 years of age.

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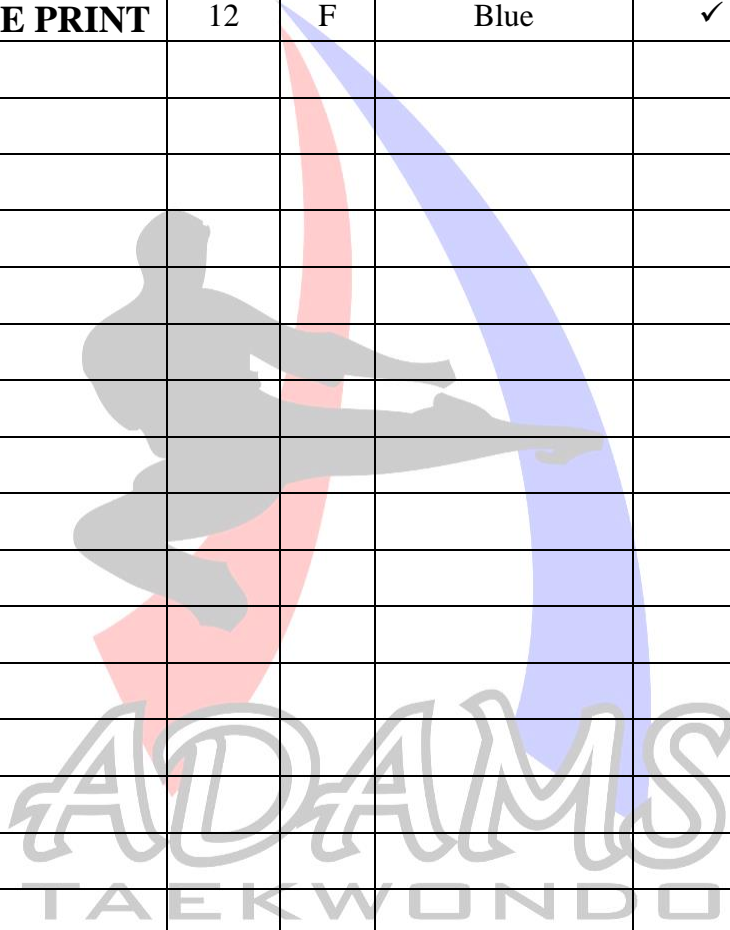
COMPETITOR LIST FOR YOUR CLUB

Dojang Name: _____

Instructor Name: _____

Phone Number: _____

NAME	AGE	M/F	CURRENT Belt	Patterns	Sparring	Paid
Ex. Jane Doe PLEASE PRINT	12	F	Blue	✓	✓	✓
1.						
2.						
3.						
4.						
5.						
6.						
7.						
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9.						
10.						
11.						
12.						
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16.						
17.						
18.						
19.						
20.						



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Referee Registration

Tournament Date: March 4th, 2017

Name: _____

Black Belt Dan: _____ Phone: _____

Email: _____ Dojang: _____

Present Referee Class: (Please circle)

Provincial: "P" Class 3rd Class 2nd Class 1st Class

National: 3rd Class 2nd Class 1st Class

International: 3rd Class 2nd Class 1st Class

Please send applications to :

adamstkd@hotmail.com

or mail

Adams Taekwondo

56 Connaught

Red Deer, AB

T4P 0K4

403-341-5254

Thank you in advance for your commitment and time to our tournament. We greatly appreciate all Referees' and Judges because without you this event cannot be a success. Thank you!

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