

**2015 Western Canadian Tournament of Champions
Saturday, May 23, 2015
Calgary, Alberta**

Dear Masters, Instructors and Students,

Calgary Taekwondo Academy is pleased to announce the 2015 Western Canadian Tournament of Champions. The tournament will be held on May 23, 2015 in Calgary, Alberta.

We cordially invite you and members of your dojangs to participate in our tournament. Divisions will be created prior to the tournament as we want to eliminate any delays of the event. **The accuracy of completing your forms is most important for balanced divisions.** Please note the deadline for early registration is 10:00 PM on Wednesday, May 20. Please submit only the Athlete Summary Form by this date. The Competitor Registration Forms will be required to pick up ID Badges at ID Pick Up at the Best Western Port O Call Hotel.

Enclosed is a schedule of events, tournament application forms and hotel information.

Please note that the tournament will be held at a different venue this year. We will be holding the tournament at Notre Dame High School, in Calgary.

We sincerely hope your dojang will participate in this exciting championship and allow Calgary Taekwondo Academy and the city of Calgary an opportunity to extend our hospitality to you.
Thank you for your support.



Master Ken Froese,
Alberta Taekwondo Association President
Calgary Taekwondo Academy

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| Date: | Saturday, May 23, 2015 |
| Tournament Location: | Notre Dame High School 11900 Country Village Link, Calgary, Alberta |
| Accommodation: | Best Western Plus Port O Call Hotel 1935 McKnight Blvd NE, Calgary, AB Phone: (403) 250-6488 or 1-800-661-116 Room Rate: \$ 129.99/night (plus taxes) Single / Double Occupancy Group Code: Calgary Taekwondo Rooms must be reserved by May 4, 2015 to guarantee room availability. |
| Registration Deadline: | Early registration deadline is Wednesday, May 20 at 10:00 PM. Late Registration deadline is Thursday, May 21 at 9:00 PM. ***For Early Registration, please complete and email the Athlete and Coach Registration Summary Form . DO NOT send the individual registration forms. ***Complete Registration forms and Medical Fitness forms will be required with payment on Friday, May 22 at ID Pickup (7:00 PM to 9:00 PM at the Best Western Plus Port O Call Hotel. Payments can be made on Friday, May 22 at ID Pickup (7:00 PM to 9:00 PM) at the Best Western Port O Call or the morning at the event. Make Cheques or money orders payable to Calgary Taekwondo Academy. |
| Coaches Registration: | Only registered competitors and REGISTERED COACHES will be allowed on the competition floor. Free registration for first two coaches per club. Extra coach registrations are \$5. |
| Entry Fee: | Early Registration received before 10:00 PM on Wednesday, May 20. \$70.00 for one divisions \$75.00 for two divisions \$80.00 for thee divisions \$85.00 for four divisions Late Registrations received before 9:00 PM on Thursday, May 21 are subject to an extra \$10 fee. |
| ID Pickup: | Friday, May 22, 2015 - 7:00 PM - 9:00 PM Best Western Plus Port O Call Hotel, 1935 McKnight Blvd NE, Calgary, AB |
| Event Times: | 8:00 AM Doors Open 9:00 AM Color Belt Line Up & Black Belt Sport Poomsae 12:00 PM Black Belt Weigh Ins 2:00 PM Black Belt Sparring Line Up Times are an approximate estimation |
| Spectator Entrance Fee: | \$ 5.00 per person, Admission is free for Children 5 and under |

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| Rules | Current World Taekwondo Federation Rules. No head contact for all color belt divisions. No head contact for Youth Black Belt Divisions (born in 2004 or later). |
| Equipment | All competitors must bring head gear, chest protector, shin guards, arm guards, groin protectors, and mouth guards. MOUTH GUARDS are MANDATORY for all competitors as per World Taekwondo Federation rules. Equipment for color belts and Youth Black Belt competitors is not supplied at the tournament. KP&P socks are required for black belt cadet, junior and senior divisions. Socks will not be provided at the tournament. They can be ordered through Captain Sports. |
| Divisions | Divisions will be made prior to the start of the tournament. Color Belts: Children 4 - 15 years Adult 16 - 29 years Womens Senior 30 years & up Mens Senior 30 - 37 years and 38 years and up Black Belt Sparring: Cadets (2001 to 2003) - head contact (optional and controlled) Junior C (2004 or later) - no head contact Junior (1998 to 2000) - head contact Senior Divisions and Ultra Divisions Black Belt Poomsae: Poomsae Draws will be announced on the ATA Website prior to the tournament. Poomsae divisions are 12 to 14, 15 to 17, 18 to 30, 31 to 40, 41 to 50, 51 to 60, 61-65, and over 65. BLACK BELT POOMSAE WILL START AT 9:00 AM SHARP. |
| Pairs / Team Poomsae | Pairs must be mixed (one male, one female) and must be from the same age category. Teams are consisted of three members of the same gender from the same age category. Age categories are as follows; Cadets (12-14), Juniors(15-17), Senior (18-30), and over 30. |
| Matches | Color belt matches consist of two 1 minute rounds with a 30 second break. Black belt matches consist of two two minutes rounds with a 1 minute break. All matches are subject to change. |
| Medals | Medals will be presented throughout the day after each division is completed. Medal presentation will be as follows: Poomsae Awards: 2 Bronze, 1 Silver, 1 Gold Sparring Awards: 2 Bronze, 1 Silver, 1 Gold |

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Athlete & Coach Registration Summary

Please submit for Early Registration by 10:00PM on Wednesday, May 20

Email: kenf@calgarytkd.com

Coachs can complete this athlete summary form to be emailed to the address above.

Please do not email individual Competitor Registration Forms.

Remember to bring completed forms with payment to ID Card Pick Up to receive Competitor ID Cards.

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| School / Club Name | |
| Master / Instructor | |

| | Athlete Name | Age | Gender | Rank & Geup | Height (cm) | Weight (Kg) | Sparring | Poomse |
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| | Coach Name | Gender | Rank/Dan |
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Competitor Registration Form

| | | |
|------------------------|------------------|--------------------------------------|
| Last Name: | First Name: | Age: |
| Birth date (mm/dd/yy): | Gender: | Height: CM Weight: KG |
| Address: | | City: Province: |
| Home Phone: | Alternate Phone: | |
| Emergency Contact: | | Phone: |
| Club Name: | | Master/Instructor: |
| Club Phone: | | |

Rank / Geup (circle one): 10,9 8,7 6,5 4,3 2,1
 White Yellow Green Blue Red

Black Belt (circle one): _____ Poom Dan

I wish to compete in: Poomsae Sparring Pairs Poomsae Team Poomsae

Medical Fitness Form complete and included: Yes

- Early Registration Fee for One Events** \$ 70.00
- Early Registration Fee for Two Events** \$ 75.00
- Early Registration Fee for Three Events** \$ 80.00
- Early Registration Fee for Four Events** \$ 85.00
- Late Registration Fee (additional \$10.00)** \$ 10.00

***Early Registration deadline is 10:00 PM on Wednesday, May 20.**

***Late Registration deadline is 9:00 PM on Thursday, May 21.**

***Make cheques and money orders payable to CALGARY TAEKWONDO ACADEMY.**

****Fees must be recieved by the competition date or your application to compete will be denied. No exceptions.**

*****Submit this form for registration. Bring it to receive your Competitor ID Badge.**

*****Please Submit a Athlete Summary Form by deadline to complete registration.**

PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2015 Western Canadian Tournament of Champions. I do hereby assume all responsibility for any and all damages, injuries or loss of personal possessions that I may sustain or incur, while attending or participating. I hereby waive all claims against Calgary Taekwondo Academy (its 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 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 may be transported to the hospital by ambulance for further treatment as a precautionary measure.

Signature: _____ Date: _____

Guardian/Parent Name (if under 18 yrs): _____

Signature: _____ Date: _____

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| Recieved: | / | /15 | Paid: | |
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Medical Fitness to Compete

This form must be completed or your application to compete will not be accepted.

| | | |
|--|---------------------------------|-----------|
| Last Name: | First Name: | Age: |
| Birth date (mm/dd/yy): | Gender: | |
| Address: | City: | Province: |
| Home Phone: | Alternate Phone: | |
| Provincial Health Care or Medical Card: | Expiry Date (if applicable): | |
| Emergency Contact: | Phone: | |

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.

| | | |
|---|-------|--|
| Signature: | Date: | |
| Guardian/Parent Name (if under 18 yrs): | | |
| Signature: | Date: | |

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, what symptoms did you have after the injury?

| | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Amnesia | <input type="checkbox"/> Feeling in a fog |
| <input type="checkbox"/> Tingling | <input type="checkbox"/> Headache | <input type="checkbox"/> Irritability | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Seeing flashing lights | | |

4. Of the above symptoms, do you still experience any of these?

Yes No

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Coach Application

| | | |
|--------------------------|--------------------|-----------|
| Last Name: | First Name: | Gender: |
| Rank / Black Belt (Dan): | | |
| Address: | City: | Province: |
| Club Name: | Master/Instructor: | |
| Club Address: | | |
| Club Phone Number: | | |

We reserve the right to deny applications and/or access to the competition area. We reserve the right to revoke access to competition area.

Only registered competitors and **REGISTERED COACHES** will be allowed on the competition floor. Free registration for first two coaches per club. Extra coach registrations are \$5.

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| | | |
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| Signature: | Date: | |
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Application to Referee

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| Last Name: | First Name: | Gender: |
| Age: | Rank / Black Belt (Dan): | |
| Address: | City: | Province: |
| Club Name: | Master/Instructor: | |
| Club Address: | | |
| Club Phone Number: | | |

Present Referee Class: (Please check appropriate box)

- | | | | | |
|----------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Provincial: | <input type="checkbox"/> P Class | <input type="checkbox"/> 1st Class | <input type="checkbox"/> 2nd Class | <input type="checkbox"/> 3rd Class |
| National: | <input type="checkbox"/> 3rd Class | <input type="checkbox"/> 2nd Class | <input type="checkbox"/> 1st Class | |
| International: | <input type="checkbox"/> 3rd Class | <input type="checkbox"/> 2nd Class | <input type="checkbox"/> 1st Class | |

Fax or Email Applications to: Master Ken Freose, Tournament Director
Calgary Taekwondo Academy
Email: kenf@calgarytkd.com

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Signature: _____ Date: _____

| | |
|-----------|-------|
| Recieved: | / /15 |
|-----------|-------|