



2017 Western Canadian Tournament of Champions

April 22 **Thornccliffe Greenview Community Association**
5600 Centre St N, Calgary, Alberta

Tickets: \$ 8.00 per person • Free Admission for Children 5 and Under
Doors Open at 8:00 AM

Color Belt Eliminations & Black Belt Sport Poomsae - 9:30 AM • Black Belt Eliminations - 2:00 PM

Calgary Taekwondo Academy • #1-2711 17 Avenue SW, Calgary, Alberta , Canada T3E 0A6
E-mail: tkdcalgary@gmail.com
WWW.CALGARYTKD.CA



**2017 Western Canadian Tournament of Champions
Saturday, April 22, 2017
Calgary, Alberta**

Dear Masters, Instructors and Students,

Calgary Taekwondo Academy is pleased to announce the 2017 Western Canadian Tournament of Champions. The tournament will be held on April 22, 2017 in Calgary, Alberta.

We cordially invite you and members of your dojangs to participate in our tournament. This event has been sanctioned by the Alberta Taekwondo Association. The tournament will feature the use of K P & P Electronic Body Protectors.

The deadline for early registration is 10:00 PM on Tuesday, April 18. Please submit the Athlete Summary Form by this date via email to **tkdcalgary@gmail.com**.

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

We sincerely hope you and 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

2017 Western Canadian Tournament of Champions
Saturday, April 22, 2017
Calgary, Alberta

Date:	Saturday, April 22, 2017	
Tournament Location:	Thornccliffe Greenview Community Association 5600 Centre St N, Calgary, AB	
Accommodation:	Best Western Plus Port O Call Hotel 1935 McKnight Blvd NE, Calgary, AB	
	Rooms must be reserved by April 1, 2017 to guarantee room availability.	
	Phone:	(403) 250-6488 or 1-800-661-116
	Room Rate:	\$ 119.99/night (plus taxes) Single / Double Occupancy *Includes breakfast buffet
	Group Code:	Calgary Taekwondo
Registration Deadline:	Deadline is Tuesday, April 18 at 10:00 PM Email: Athlete & Coach Registration Summary to tkdcalgary@gmail.com NOTE: Registrations will not be accepted after the deadline date.	
	Complete Registration forms and Medical Fitness forms will be required with payment on Friday, April 21 at ID Pickup (6:00 PM to 8:00 PM) at the Best Western Plus Port O Call Hotel.	
	<ul style="list-style-type: none"> •We accept Visa, MC, e-transfer, cheques and cash. •For Visa & MC payments call (403) 201-5737 (payments accepted between 11:00 AM & 3:00 PM) or email tkdcalgary@gmail.com to make arrangements. •Make cheques payable to Calgary Taekwondo Academy. 	
Eligibility:	All competitors must be members in good standing of an established WTF Taekwondo school, and recognized by the Alberta Taekwondo Association, and/or their provincial taekwondo associations.	
Coaches Registration:	Only registered competitors and REGISTERED COACHES will be allowed on the competition floor.	
Entry Fee:	<ul style="list-style-type: none"> • \$70.00 for one division • \$80.00 for two divisions • \$85.00 for three divisions • \$90.00 for four divisions 	
ID Pickup:	Friday, April 21, 2017 - 6:00 PM - 8:00 PM Best Western Plus Port O Call Hotel, 1935 McKnight Blvd NE, Calgary, AB Saturday, April 22 - 8:15 AM - 10:00 AM Thornccliffe Greenview Community Association, 5600 Centre St N , Calgary, AB	
Event Times:	8:00 AM	Doors Open
	9:15 AM	Competitor Check In Completed
	9:30 AM	Color Belt Line Up & Black Belt Sport Poomsae
	12:00 PM - 1:00 PM	Black Belt Weigh Ins
	2:00 PM	Black Belt Sparring Line Up
		**Times are an approximate estimation
Spectator Entrance Fee:	\$ 8.00 per person, Admission is free for Children 6 and under	

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Rules:	Olympic WTF Rules Exception - NO HEAD CONTACT FOR: <ul style="list-style-type: none">• Children (15 Yrs & Under) Color Belt Divisions• Children Black Belt (11 Yrs & Under) Divisions• Adult (16 Yrs+) Green Belt and Under Divisions• Senior (30 Yrs+) Color & Black Belt Divisions
Equipment:	Competitor must provide his/her own protective equipment: arm, foot, groin, head, chest guards and mouthguards are mandatory. Black Belt sparring competitors will require KP&P electronic socks.
Divisions:	Divisions will be made prior to the start of the tournament. Color Belts: <ul style="list-style-type: none">Children 4 - 15 yearsAdult 16 - 29 yearsWomens Senior 30 years & upMens Senior 30 - 37 years and 38 years and up Black Belt Sparring: <ul style="list-style-type: none">Youth - no head contactCadets - head contactJunior - head contactSenior Divisions and Ultra Divisions Black Belt Poomsae: <ul style="list-style-type: none">* Poomsae Draws will be announced on the ATA Website prior to the tournament.* BLACK BELT POOMSAE WILL START AT 9:30 AM SHARP.
Weigh-Ins:	Black Belt weigh-ins will be held at the venue from 12:00pm - 1:00pm (2 attempts).
Matches:	Color belt matches consist of two 1 minute rounds with a 30 second break. Black belt matches consist of two 1.5 minute rounds with a 45 second 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 Tuesday, April 18

Email: tkdcalgary@gmail.com

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

Coaches can pay for teams with Visa/MC by phone or e-transfer.

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

School / Club Name	
Master / Instructor	
Club Email	

	Athlete Name	Age	Gender	Gup	Height (cm)	Weight (Kg)	Sparring	Poomsae	No. of Events
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

	Coach Name	Gender	Rank/Dan	DC (Certified/Trained)	AI (Certified/Trained)
1					
2					
3					

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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 / Gup (circle one):	10 9 8 7 6 5 4 3 2 1	
Black Belt (circle one):	_____ Poom Dan	
I wish to compete in: <input type="checkbox"/> Poomsae <input type="checkbox"/> Sparring <input type="checkbox"/> Pairs Poomsae <input type="checkbox"/> Team Poomsae (Black Belt Only) (Black Belt Only)		
Medical Fitness Form complete and included: <input type="checkbox"/> Yes		
Registration Fee for One Events	<input type="checkbox"/> \$ 70.00	
Registration Fee for Two Events	<input type="checkbox"/> \$ 80.00	
Registration Fee for Three Events	<input type="checkbox"/> \$ 85.00	
Registration Fee for Four Events	<input type="checkbox"/> \$ 90.00	
Credit Card# _____	Exp _____	<input type="checkbox"/> MC <input type="checkbox"/> VISA

***Registration deadline is 10:00 PM on Tuesday, April 18.**
***Late Registration will not be accepted after the deadline.**
***Make cheques payable to CALGARY TAEKWONDO ACADEMY. We accept e-transfer and Visa/MC.**
****Fees must be received by the competition date or your application to compete will be denied. No exceptions.**
*****Submit this form for at registration to receive your Competitor ID Badge.**
*****Coaches must 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 2017 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: _____

Received:	/ /	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: _____

Dojang Coach (Certified or Trained) Yes No

Assistant Instructor (Certified or Trained) Yes No

Email Applications to: **tkdcalgary@gmail.com**

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

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Signature: _____ Date: _____

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Application to Referee

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 | |

Email Applications to: **Master Ken Froese**
 Calgary Taekwondo Academy
 Email: kenf@calgarytkd.com

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Signature: _____ Date: _____

Recieved:	/ /
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