



AAIT NSW TAEKWON-DO OPEN CHAMPIONSHIPS



Individual Competitor Registration Form

Time: Check website (www.tkdwagga.com.au) for up to date schedule

Cost: \$65 Registration fee (covers all events including team events)

Date: Sunday 24th April 2016

Venue: Bolton Park Sports Stadium, Morgan Street, Wagga Wagga

****All competitors must also complete a medical form & waiver**

****Complete all items below**

Note: Competitors must have their own sparring equipment. Refer to ITF rules for compulsory safety equipment.

Competitor Information

Full Name: _____ Gender: _____
Surname First Middle Initial

Address: _____
Address/P.O. Box Apartment/Unit #

City/Suburb State/Territory Postcode

Country: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Height: _____ (cm) Weight: _____ (kg)
dd/mm/yyyy

Belt Colour: _____ Gup/Degree: _____

Club: _____ Instructor: _____

Events

Individual Sparring: [] Individual Patterns: []
Power Breaking: [] Special Technique:
*Team Sparring: [] *Team Patterns:
*Self Defence Routine: []

** All team events require the completion of a separate team event registration form. The team event registration form does not need to accompany this form and therefore may be submitted, at a later date, once all individual competitors have completed their registrations.*



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Medical Declaration Form

Medical Information & Authorization for emergency treatment.

Competitor Information

Full Name: _____ Gender: _____
Surname First Middle Initial

Address: _____
Address/P.O. Box Apartment/Unit #

_____ *City/Suburb State/Territory Postcode*

Country: _____

Phone: _____ Date of Birth: _____
dd/mm/yyyy

Blood Group: _____

Medicare Number: _____ Other Health Care: _____

Emergency Contact Information

Emergency Contacts Name: _____ Relationship to you: _____

Home Phone: _____ Work/Mobile Number: _____

Participant's Medical History

Please list in the box below any medical conditions that you suffer from (for example any blood transmissible infectious diseases, high or low blood pressure, heart conditions, severe asthma etc.) and also any known allergies.

If you do suffer from any medical condition please list below any pertinent information below (such as any medications you are on, can you receive blood transfusions etc.)



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Conditions of Undertaking Activity

Release: The undersigned, in consideration of being permitted by Regional Taekwon-Do Australia to compete in the competition DOES HEREBY irrevocably, personally and for his or her heirs, RELEASE Regional Taekwon-Do Australia from all actions, suits, causes of action, claims and demands whatsoever which the undersigned now has or at any time hereafter may have or which but for the signing of this form might have had against Regional Taekwon-Do Australia for loss of or damage to property or bodily injury or death, howsoever caused, including negligence, resulting from or arising out of or in any way connected with the event.

Assumption of risk: The undersigned further states and affirms that he or she is aware that the activity, even under the safest conditions possible, may be hazardous; that he or she has received an activity program outlining planned activities and is aware of the potential risks; and that he or she assumes the risk of any and all loss of or damage to property and/or bodily injury or death, howsoever caused, including negligence, resulting from, arising out of or in any way connected with the event, and that he or she has read and understands all the provisions herein contained.

Indemnity: The undersigned hereby agrees to indemnify and keep indemnified Regional Taekwon-Do Australia, its members, representatives, officers, agents, and employees and each of them against any claim, suit, action or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by an act or omission of the undersigned (including criminal, reckless or negligent acts or omissions) whilst participating in or otherwise in connection with the event.

Competitor Responsibility: The undersigned agrees as a representative of ITF to act in an appropriate manner as well as respecting and following all instructions from officials and relevant authorities.

Participant Authorization for Emergency Treatment:

In the event of myself requiring medical attention (or my son/daughter if they are under 18 years of age), I understand that the person in charge of the activity will endeavour to communicate with me concerning the required action. If this is not possible, the person in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

Participant's Name	
Participant's signature	Date

*Where the participant is under 18 years of age, his/her parent/guardian must complete the following acknowledgement:

I HEREBY STATE that I have read and understood the provisions of this form and I consent to the participant undertaking the activity/participating in the event on the terms herein contained. I agree to indemnify and keep indemnified Regional Taekwon-Do Australia, their members, representatives, officers, agents and employees against any claim suit or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the participant (including criminal, reckless or negligent acts or omissions) whilst undertaking the activity/participating in the event*.

Parent/Guardian Name	
Parent/Guardian Signature:	Date



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Team Sparring Registration Form

- Each team must have five (5) members (with a reserve 6th member)
- Each team member must also complete an INDIVIDUAL COMPETITOR REGISTRATION form and a MEDICAL Declaration and Waiver.

MALE Adult Team Sparring		FEMALE Adult Team Sparring	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____	4 _____	_____
5 _____	_____	5 _____	_____
6 _____	_____	6 _____	_____
MALE Junior Team Sparring		FEMALE Junior Team Sparring	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____	4 _____	_____
5 _____	_____	5 _____	_____
6 _____	_____	6 _____	_____



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Team Patterns Registration Form

- Each team must have five (5) members (with a reserve 6th member)
- Each team member must also complete an INDIVIDUAL COMPETITOR REGISTRATION form and a MEDICAL Declaration and Waiver.

Mixed Team Patterns		Mixed Team Patterns	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____	4 _____	_____
5 _____	_____	5 _____	_____
6 _____	_____	6 _____	_____
Mixed Team Patterns		Mixed Team Patterns	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____	4 _____	_____
5 _____	_____	5 _____	_____
6 _____	_____	6 _____	_____



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Self Defence Routine Registration Form

- Male team must have four (4) members (one male Vs three males) and female team must have three (3) members (one female Vs two attackers (male or female)).
- Each team member must also complete an INDIVIDUAL COMPETITOR REGISTRATION form and a MEDICAL Declaration and Waiver.
- Junior self defence is for competitors aged 17 years and under.

MALE Self Defence		FEMALE Self Defence	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____		
MALE Junior Self Defence		FEMALE Junior Self Defence	
Club Name: _____		Club Name: _____	
Team Name: _____		Team Name: _____	
Competitor Name	Reg #	Competitor Name	Reg #
1 _____	_____	1 _____	_____
2 _____	_____	2 _____	_____
3 _____	_____	3 _____	_____
4 _____	_____		



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Umpire and Official Registration Form

- Each competing umpire/official must also complete an INDIVIDUAL COMPETITOR REGISTRATION form and a MEDICAL Declaration and Waiver.

Umpire/Official List

Club Name: _____

Umpire's/Official's Name	Experience and Rank	Competing(y/n)
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____