



2010 Western Canada Tournament of Champions

May 22 **Thornccliffe Greenview Community Association**
Main Hall, Gymnasium • 5600 Centre Street North, Calgary, Alberta

Tickets: \$ 5.00 per person • Free Admission for Children 5 and Under
Doors Open at 8:00 AM

Color Belt Eliminations - 9:00 AM • Black Belt Eliminations - 2:00 PM

Calgary Taekwondo Academy • PO Box 5771 Stn A, Calgary, Alberta, Canada T2H 1Y3
Tel: (403) 651-8940 • Fax: (403) 253-1798 • E-mail: kenf@calgarytkd.com
WWW.CALGARYTKD.COM



**2010 Western Canada Tournament of Champions
Saturday, May 22, 2010
Calgary, Alberta**

Dear Masters, Instructors and Students,

The Calgary Taekwondo Academy is pleased to announce the 2010 Western Canada Tournament of Champions. The tournament will be held on May 22, 2010 in Calgary, Alberta.

We cordially invite you and members of your schools 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 19, 2010.

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

Please note that the tournament will be conducted in the main hall rather than the arena this year due to construction.

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



Master Ken Froese, Tournament Director
Calgary Taekwondo Academy

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Saturday, May 22, 2010
Calgary, Alberta

Date:	Saturday, May 22, 2010
Tournament Location:	Thorncliffe Greenview Community Association Main Hall, Gymnasium - 5600 Centre Street N, Calgary, AB
Accommodation:	Quality Inn Airport 4804 Edmonton Trail NE, Calgary, AB Phone: (403) 276-3391 or 1-800-424-6423 Fax: (403) 230-7267 Room Rate: \$ 109.00/night (plus taxes) Double Occupancy Group Code: CALGARY TAE-KWON-DO and Group Code 2931 Rooms must be reserved by April 30, 2010 to guarantee room availability.
Registration Deadline:	Early registration deadline is May 19th at 10:00 PM. Late Registration deadline is May 21 at 9:00 PM. WE WILL NOT ACCEPT REGISTRATIONS AT THE DOOR. Please mail, email or fax registration forms to: Master Ken Freose, Tournament Director Calgary Taekwondo Academy PO Box 5771 Stn .A, Calgary, AB T2H 1Y3 Mobile: (403) 651-8940 Phone: (403) 258-0433 Fax: (403) 253-1798 Email: kenf@calgarytkd.com Payments can be made on Friday, May 21, 2010 at ID Pickup (7 to 9pm) at the Quality Inn. Please 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 before 10:00 PM on Wednesday, May 19. \$55.00 for one or both divisions Late Registration before 9:00 PM on Friday, May 21. \$65.00 for one or both divisions
ID Pickup:	Friday, May 21, 2010 - 7:00 PM - 9:00 PM Quality Inn Airport, 4804 Edmonton Trail NE, Calgary, AB
Event Times:	8:00 AM Doors Open 9:00 AM Color Belt Line Up 2:00 PM Black Belt 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	Olympic Style WTF Rules No head contact for color belt children 15 years and under. No head contact for Junior Black Belt (B and C Divisions). No head contact for Adults 30 years plus.
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 WTF rules. Equipment is not supplied at the tournament.
Divisions	Divisions will be made prior to the start of the tournament. Color Belts: Children 3 - 15 years Adult 16 - 29 years Womens Senior 30 years & up Mens Senior 30 - 37 years and 38 years and up Black Belts: Junior C (1997 or earlier) - no head contact Junior B (1995-1996) - no head contact Junior A (1992 to 1994) Sr Divisions
Matches	Color belt matches consist of 2 one minute rounds with a 30 second break. Black belt matches consist of 2 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: Poomse Awards: 1 Bronze, 1 Silver, 1 Gold Sparring Awards: 2 Bronze, 1 Silver, 1 Gold

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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
 White Yellow Green Blue Red

Black Belt (circle one): _____ Poom Dan

I wish to compete in: Poomse Sparring Both

Medical Fitness Form complete and included: Yes

Early Registrtaion Fee for Single Event or Both Events. \$ 55.00

Late Registrtaion Fee for Single Event or Both Events \$ 65.00

***Early Registration deadline is 10:00 PM on Wednesday, May 19.**

***Late Registration deadline is 9:00 PM on Friday, 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.****

PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2010 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: _____

Recieved:	/	/10	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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Athlete & Coach Registration Summary

Masters and Instructors:

Please submit with registration forms for Early Registration by:

10:00PM, Wednesday, May 19

Fax: (403) 253-1798

Email: kenf@calgarytkd.com

	Athlete Name	Age	Gender	Rank	Height (cm)	Weight (Kg)	Sparring	Poomse
1								
2								
3								
4								
5								
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7								
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9								
10								
11								
12								
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22								
23								
24								
25								

	Coach Name	Gender	Rank/Dan
1			
2			
3			

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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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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 | |

Fax or Email Applications to: Master Ken Freose, Tournament Director
Calgary Taekwondo Academy
PO Box 5771 Stn. A, Calgary, AB T2H 1Y3
Mobile: (403) 651-8940
Phone: (403) 258-0433
Fax: (403) 253-1798
Email: kenf@calgarytkd.com

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Signature: _____ Date: _____

Received:	/ /10
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