



A.A.U. SOUTHWEST DISTRICT QUALIFIER

MAY 9, 2009

Competition Venue: Hebron High School * 4207 Plano Parkway * Carrollton, TX 75010

INFORMATION SHEET

Competition Date: Saturday, May 9, 2009

Entry Fees: 1 or 2 Individual Events \$75.00
3 Events \$85.00

Admission Fees: \$8 Adults
\$5 Children
3 Years and Under Free

Coaches Clinic: Can only be done online
www.aautaekwondo.org

Coaching Floor Fee: \$15.00

All officials and coaches who wish to work this event must hold a current 2009 Coach's/Official credentials. Those officials who already hold current credentials must still show proof on the day of the tournament.

Entry Deadline: All applications must be postmarked no later than April 30, 2009.

Late Fees: Applications postmarked after April 30, 2009 but before May 7, 2009 may still accepted but will be assessed a \$25.00 late fee. NO EXCEPTIONS. Applications postmarked after May 7, 2009, WILL NOT BE ACCEPTED. ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AT THE DOOR. There will no refunds issued for any reasons whatsoever.

Payment Info: NO Personal checks will be accepted. All payments must be in the form of either cashier's check or money order made payable to:
GT Sport TKD

It is important that the following forms are completed and returned together:

1. Competitor's Application
2. Waiver Form
3. Copy of Birth Certificate for those competitors 4-8 years of age ONLY



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The Local Organizing Committee (LOC), along with the AAU has spent many hours planning and preparing for this AAU Event. In order to make it a great success, we are asking for your cooperation. It is the responsibility of the parents, coaches, instructor and athlete to insure that the application is in on time and complete. Incomplete applications (missing age, belt, weight, etc.) **WILL BE REJECTED**. When completing the application, be sure to give the correct age, weight and rank as of August 31, 2009. It is your responsibility to insure that our weight matches the weight class you listed on your application - Failure to make weight will result in your disqualification from sparring.

- Age Determining: **Athletes shall complete at their age as of August 31, 2009.**
- AAU Membership #: All Athletes, coaches and officials **MUST** be individual members of the AAU and present their membership card at time of their check-in.
- Awards: Medals will be awarded to first four places.
- Rules: AAU Taekwondo Rules as documented in the 2009 AAU Taekwondo handbook shall apply. All officials must have in their possession the current handbook that may be obtained at www.aautaekwondo.org.

AAU International Sparring Rules

- AAU Rules Will Apply Traditional Forms Rules-Students must perform tradition at or below their level.
- Uniforms Requirements: All contestants must wear a clean White dobok only.
- Equipment Requirements: Please refer to the proper pages in the 2009 AAU Taekwondo handbook for mandatory and optional equipment requirements for Olympic Style sparring respectively. No exceptions!
- Equipment: AAU approved Chest pad, Head Gear, Forearm Pads, Groin Protector, Mouth Guard, Shin & Insteps.
- Optional Equipment: Protective eyewear, Athletic tape.

NOTE: White cloth athletic tape may be worn to support previously injured appendages as well as to help protect uninjured areas from becoming injured. Areas allowed to be taped include: fingers, thumb, wrist and toes. This tape may be wrapped no more than two times around the appendage, and cannot be used in such a way as to prevent or severely restrict the movement thereof.



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INDIVIDUAL COMPETITOR APPLICATION FORM

(PLEASE PRINT CLEARLY OR TYPE)

LAST NAME _____ FIRST NAME: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ - _____ DATE OF BIRTH: ____/____/____ WEIGHT _____ LBS. ___ MALE ___ FEMALE

E-MAIL ADDRESS _____ @ _____

Competition Rank ___ Novice ___ Intermediate ___ Advanced ___ Black (___ Dan)

AAU Association: (i.e. Gulf, Ozark, Adirondack) _____ AAU Membership # _____

AAU membership # is required and must be purchased in advance prior to competition date at www.aautaekwondo.org.

Taekwondo School Affiliation:

Head Instructor _____ School E-Mail _____ @ _____

School Name _____ School Phone (____) _____

School Address _____ City _____ State _____ Zip _____

Check Division(s) you wish to participate in: (AAU Events) _____ Forms _____ Olympic Sparring _____ Point sparring

AAU Competition Fee: 1 or 2 Events= \$75.00 3 Events=\$85.00

Application must be postmarked no later than April 30, 2009. Any application postmarked between May 1, 2009 and May 7, 2009 will be assessed a \$25.00 late processing fee. NO applications postmarked after May 7, 2009 will be accepted. ABSOLUTELY No application will be accepted at the door!!! There will be no refunds issued.

Applications must include:

- a) Copy of Birth Certificate for those competitors 4-8 years of age ONLY
- b) Completed Fee Sheet
- c) Waiver/Release Form

Make Cashier's Check or Money Order payable to and mail completed applications to:

GT Sport TKD
4101 E. Park Ste.160
Plano, Texas 75074



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ATHLETE WAIVER/ RELEASE FORM (“AGREEMENT”)

IN CONSIDERATION of being permitted to participate in any way in any Amateur Athletic Union of the U.S. Inc. activity (“Activity”) I, for myself, my personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at anytime I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISK AND DANGER OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH (“RISKS”); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE “RELEASES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COST, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Amateur Athletic Union of the U.S. Inc. (AAU), GT Sport Taekwondo, Hebron High School, including it’s representatives, the related affiliated and subsidiary companies, as well as officers, directors, agents, employees, and assigns of each, and the AAU’s Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Activity takes place, and any other indemnified and held harmless by the AAU, each considered one of the “RELEASES” herein FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASES” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damager, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME OF PARTICIPANT: _____

SIGNATURE (only if age 18 or over): _____ Date _____

AND I, THE MINOR’S PARENTS AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR’S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE’S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR’S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEE’S” OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THE RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR’S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM AND LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____ PHONE _____

GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ DATE _____

ADDRESS: _____ City, _____ State, _____ Zip _____



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OFFICIALS Application/Registration Form (PLEASE PRINT CLEARLY)

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME# _____ WORK# _____

RANK _____ DOB ____/____/____ AGE _____

AAU# (required) _____ AAU DISTRICT NAME _____

OFFICIALS CERTIFICATION NUMBER _____

OFFICIALS CERTIFICATION CLASS (circle one) IR AA A B C D E

LAST CERTIFICATION CLINIC ATTENDED:

DATE ____/____/____ LOCATION _____ INSTRUCTOR _____

LAST AAU SANCTIONED EVENT WORKED:

DATE ____/____/____ AAU DISTRICT _____ TOURNAMENT DIRECTOR _____

TAE KWON DO SCHOOL AFFILIATION:

SCHOOL NAME _____

ADDRESS _____

HEAD INSTRUCTOR _____ SCHOOL# _____

I understand that officials must be properly attired according to AAU rules. I further understand that in order to receive certification, and/or upgrade, as well as work the event, that I MUST attend a 2008 Officials clinic prior to the event. I also understand that an upgrade certification will be contingent solely upon my performance.

Signature _____



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COACHES REGISTRATIONFORM

\$15.00 Coaches Floor Fee

You must have attended a 2009 AAU Coaches and Officials clinic. A Valid 2009 Coaches
Badge must be shown at the front door

LAST NAME _____ FIRST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME# (_____) _____ WORK# (_____) _____

COACHES IDENTIFICATION NUMBER: _____

I understand that coaches must be properly attired according to AAU rules (Royal Blue AAU Official Coaches Shirt and white dobok pants) in order to be on the competition floor and must have my AAU Coach's ID Card.

Signature _____



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SCHEDULE OF EVENTS

PARTICIPANTS MUST BE IN THE GYM 1 HOUR PRIOR TO THEIR EVENT STAGING TIME.

STAGING TIMES: (Approximate times- Must be in staging by this time)

8:00	Door Open	8:30 am	Officials Meeting
9:00	Olympic Sparring		Children (5-11 yrs)
10:30	Olympic Sparring		Teens (12-13 yrs)
11:00	Olympic Sparring		Juniors (14-17 yrs)
11:30	Olympic Sparring		Adults (18-34 yrs and up)
12:00	Forms		Children (5-11 yrs)
1:00	Forms		Teens (12-13 yrs)
1:30	Forms		Adult (18-34 yrs)
1:30	Point Sparring		Children (5-11 yrs)
2:00	Point Sparring		Teens (12-17 yrs)
2:30	Point Sparring		Adult (18-34 yrs and up)

All participants and coaches must show a current copy of their 2009 AAU card at the registration desk on the day of tournament. www.aautaekwondo.org

HOTEL INFORMATION

Hotel Near Venue: Hebron High School * 4207 Plano Parkway * Carrollton, Texas 75010

Courtyard Marriot Dallas Plano in Legacy Park, 6840 Dallas Parkway, Plano TX 75024
1-800-321-2211 or 972-403-0802

AAU Southwest District Regional Rate \$79.00 per night

Extended Stay Deluxe www.extendedstayamerica.com \$79.00 per night

Holiday Inn Express www.hiplano.com \$89.00 per night

Hyatt Place Dallas/Plano www.hattplaceplano.com

Aimbridge Hospitality www.aimbridgehospitality.com

Red Roof Inn www.redroof.com

Homestead Plano www.homesteadhotels.com

