

Competition Entry Form



ITF TAEKWON-DO
USMA Junior Tournament (under 18 years)

Sunday May 1st 2011

Name: _____

Sex: Male / Female

Date of Birth ____/____/____

Age on Date of Competition _____ years

Grade _____ Gup/ Dan

Height _____ cm

Weight _____ kg

Please indicate preferred events below: the final program of events will depend on the number of entries per division and the amount of time available on the day

INDIVIDUAL PATTERNS

TEAM SPARRING

TEAM PATTERNS

SPECIAL TECHNIQUES

INDIVIDUAL SPARRING

VENUE: Games Hall, Building 1, Monash University, Clayton Campus

TIMES: Set-up of Venue: 8:00 am Registration: 8.30 am
Tournament start: 9:00 am Tournament end: 1:00 pm
Sausage Sizzle available from 12:30 pm – 2:00 pm

COMPETITION FEES

Entry fee is AUD \$40.

Please make Cash payment or Cheque payable to 'USMA Taekwon-Do'

Please ensure that the medical form is completed prior to submission.

All Forms are to be returned to your Instructor or to:

USMA TAEKWONDO

PO BOX 344, ASHBURTON 3147 VICTORIA

Competing in the true spirit of Taekwon-Do

USMA IN-HOUSE TAEKWON-DO TOURNAMENT

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have Ambulance Cover? YES / NO

PLEASE PROVIDE THE FOLLOWING INFORMATION TO ASSIST US IN YOUR SAFTEY.

Are you allergic to any medication? YES / NO
If yes, what medication? _____

Are you currently taking any medication? YES / NO
If Yes, what medication? _____

Do you suffer from: Asthma YES / NO Epilepsy YES / NO Heart Conditions YES / NO

Any other conditions? _____

NOTE: It is the responsibility of the competitors to inform organisers and First Aid of any pre-existing medical conditions, and to supply appropriate medication if needed.

I _____ declare that all the information given above is correct, and give authority to qualified medical staff to administer any treatment they feel appropriate in the possible event of injury.

Signature _____ Date ____ / ____ / ____

Parent / Guardian Signature _____
(If under 18years)

DECLARATION and WAIVER

I, the undersigned in consideration of, and as a condition of acceptance of my entry in the tournament hosted by USMA Taekwon Do, for myself, my heirs, executors and administrators hereby waive all and any claims, right or cause of action which I or they may otherwise have, for or arising out of loss of my life or injury or damage of loss of any description whatsoever; which I might suffer or sustain in the course of, or consequent on my entry in the said tournament.

Signature _____ Date ____ / ____ / ____

I certify that I am the parent / guardian of _____ who will be _____ years of age on the day of competition and has my consent to compete in this event. I have checked that all of the information on this form is true and correct, and understand the conditions of entry.

Parent / Guardian Signature _____ Date ____ / ____ / ____

A PARENT, GUARDIAN OR NOMINATED CARER SHOULD BE PRESENT AT THE VENUE FOR THE DURATION OF THE TOURNAMENT FOR ALL CHILDREN UNDER 10 YEARS OLD.

To be confirmed on day of tournament:

CONTACT NUMBER ON DAY OF TOURNAMENT: