



USMA TOURNAMENT & Training Seminar MELBOURNE, AUSTRALIA 28TH & 29TH JUNE 2014

Name: _____

Gender: Male / Female: _____

Date of Birth: ____/____/____

Age: on Date of Competition _____ years

Grade: _____ Gup/Dan

Height: _____ cm

Weight: _____ kg

Day 1	Day 2
Training Seminar by Master Spiridon Cariotis 7th Dan	Competition: Round robin <input type="checkbox"/>
including : Self defense Sparring drills Special Techniques	PATTERNS <input type="checkbox"/>
	SPARRING <input type="checkbox"/>
	SPECIAL TECHNIQUES <input type="checkbox"/>
	POWER BREAKING <input type="checkbox"/>

VENUE: Games Hall, Building 1
Monash University, Clayton

STARTING TIME: 8.30 am for 9.00 am sharp start

COMPETITION FEES

Entry fee is \$60:for 12 years of age and over and \$40 for everybody else

The entry fee includes BBQ lunch for DAY 1

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

Account name: USMA Taekwondo BSB: 083372 AC: 454758705 (include payment receipt with registration form)

For every student that participates, the USMA fundraising committee will receive \$10.00

NOTE: Cheques will **not** be accepted after 20/06/2014.

*Please ensure that the Medical Form is completed prior to registration.

All Forms are to be returned to:

USMA TAEKWON-DO

348A Clayton Rd, Clayton, VICTORIA 3168

"COMPETING IN THE TRUE SPIRIT OF TAEKWON-DO"



**"USMA TOURNAMENT & TRAINING SEMINAR
MELBOURNE, AUSTRALIA
28TH & 29TH JUNE 2014
Medical Form**

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Do you have Ambulance Cover? YES / NO

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

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 organizers 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 ____ / ____ / 2014

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: ____ / ____ / 2014

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 ____ / ____ / 2014