



**USMA CHALLENGE NO.19  
MELBOURNE, AUSTRALIA  
October 4th 2014**

Name: \_\_\_\_\_

Gender: Male / Female: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Age: on Date of Competition \_\_\_\_\_ years

Grade: \_\_\_\_\_ Gup/Dan

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

**VENUE:**

Games Hall, Building 1 Monash University, Clayton

**STARTING TIME: 8.30 am for 9 am sharp start until 4**

**Competition: ROUND ROBIN**

**PATTERNS**

**SPARRING**----- Tag Sparring under 7

**SPECIAL TECHNIQUES**

**POWER BREAKING**

**COMPETITION FEES**

Entry fee is Adults, \$40; Under 12: \$25 for 12 years of age

The entry fee includes BBQ lunch for DAY 1

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

**NOTE: Cheques will not be accepted after 20/09/2014.**

\*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 CHALLENGE NO.19  
MELBOURNE, AUSTRALIA  
October 4th 2014**

**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