



## 2010 ALBERTA SENIOR PROVINCIAL TEAM TRIALS

January 26, 2010

To Alberta Taekwondo Association Members:

The 2010 Alberta Senior Provincial Team Trials will be held on Saturday, March 20<sup>th</sup>, 2010 at the NAIT Gymnasium, 11762 – 106 Street, Edmonton, Alberta. There will be Color Belt and Junior Black Belt competition, in addition to the Senior Black Belt Team Trials.

The 2010 Canadian Senior National Taekwondo Championship has been confirmed by Taekwondo Canada for May 1 – 2, 2010 in Edmonton. For more information, visit the Taekwondo Canada website at [www.wtfcanada.com](http://www.wtfcanada.com).

Please be advised that in order to compete in Alberta Senior Provincial Team Trials, you must be a current (2009/2010) ATA Black Belt Member.

This registration package is also available at the Alberta Taekwondo Association website at [www.taekwondoalberta.com](http://www.taekwondoalberta.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "Simon Chung", with a long horizontal flourish extending to the right.

Master Simon Chung  
Alberta Taekwondo Association

Master Ken Froese  
Tournament Director



**2010 ALBERTA SENIOR  
PROVINCIAL TEAM TRIALS  
Saturday, March 20<sup>th</sup>, 2010**

- Place: NAIT Gymnasium  
11762 – 106 Street, Edmonton, AB
- Registration: **Mail registrations with payment** (cheques payable to Alberta Taekwondo Association) to: 7619 – 104 Street, Edmonton, AB T6E 4C3
- REGISTRATION AND PAYMENT DEADLINE: Wednesday, March 17<sup>th</sup>, 2010. Registrations or changes to registrations will not be accepted after the deadline.** There will be **NO** refund of registration fees.
- Fee: Color Belts and Junior Black Belts\*: \$50.00 for one event or \$55.00 for two events  
Senior Black Belt Team Trials\*: \$75.00 for one or two events  
\*Junior Black Belts who wish to compete in **both** Jr and Sr divisions must submit two separate registration forms and all applicable fees.
- Eligibility: Senior Black Belt Team Trial applicants must be current (2009/2010) ATA Black Belt Members in good standing.
- Weigh-In: **Senior Black Belt Team Trial Weigh-ins** will be held Friday, March 19<sup>th</sup> from **7:00 – 8:00pm** at the Chateau Louis Hotel, 11727 Kingsway, Edmonton, AB. If a competitor fails to make weight within the designated time, he/she will automatically be disqualified. There will be **NO refund** of registration fees.
- Rules: Olympic Style WTF Rules (Exception: **NO head contact** for children 12 & under, color belts 15 & under, 10<sup>th</sup> to 5<sup>th</sup> Gup 16 – 29, adults 30+)
- Equipment: Competitor must provide his/her own protective equipment: arm, shin, groin, head, chest and mouth guards are **mandatory**. Junior 'B' Black Belts must have foot protection.
- Event Times: 10:00am – Children Color Belt & Jr Black Belt Poomse & Sparring  
1:00pm – Adult Color Belt Poomse & Sparring  
**3:00pm – Senior Black Belt Team Trials**
- Accommodation: **Chateau Louis Hotel**, 11727 Kingsway, Edmonton, AB  
Phone: (780) 452-7770 Toll Free: 1 (800) 661-9843  
Rate: \$94.00 (Standard Room) until February 28, 2010
- Admission: \$5.00 at the door (6 yrs and under free)

# GENERAL DIVISIONS\*

## POOMSE & SPARRING

### ADULTS:

#### MEN 17 AND OVER

1. White Belt
2. Yellow Belt
3. Green Belt
4. Blue Belt
5. Red Belt

#### WOMEN 17 AND OVER

1. White Belt
2. Yellow Belt
3. Green Belt
4. Blue Belt
5. Red Belt

### CHILDREN:

#### AGES:

- 6 years & under
- 7 – 8 years
- 9 – 10 years
- 11 – 12 years
- 13 – 14 years
- 15 – 16 years

#### DIVISIONS:

1. White Belt
2. Yellow Belt
3. Green Belt
4. Blue Belt
5. Red Belt
6. Black Belt

### SENIORS:

#### MEN 30 AND OVER

1. White Belt
2. Yellow Belt
3. Green Belt
4. Blue Belt
5. Red Belt
6. Black Belt

#### WOMEN 30 AND OVER

1. White Belt
2. Yellow Belt
3. Green Belt
4. Blue Belt
5. Red Belt
6. Black Belt

**\*ALL DIVISIONS ARE ADJUSTABLE BASED ON ENTRIES  
AWARDS PRESENTED FOR 1<sup>ST</sup>, 2<sup>ND</sup>, & 3<sup>RD</sup> PLACE**

### ROUNDS:

- Color Belt (All Ages):** 2 – 1 min. rounds / 30 sec. break
- Black Belt (Junior B & C/30+ Yrs):** 2 – 1.5 min. rounds / 45 sec. break
- Black Belt (Junior A):** 2 – 2 min. rounds / 1 min. break
- Senior Provincial Team Trials:** 3 – 2 min. rounds / 1 min. break



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**SENIOR BLACK BELT TEAM TRIALS  
REGISTRATION FORM\***

Last Name \_\_\_\_\_ First \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Dan/Poom \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Club Name \_\_\_\_\_ Instructor/Master Name \_\_\_\_\_

**CATEGORY (check one below):**

Male:

- Fin 54 kg and under
- Fly 54 kg – 58 kg
- Bantam 58 kg – 63 kg
- Feather 63 kg – 68 kg
- Light 68 kg – 74 kg
- Welter 74 kg – 80 kg
- Middle 80 kg – 87 kg
- Heavy 87 kg and over

Female:

- Fin 46 kg and under
- Fly 46 kg – 49 kg
- Bantam 49 kg – 53 kg
- Feather 53 kg – 57 kg
- Light 57 kg – 62 kg
- Welter 62 kg – 67 kg
- Middle 67 kg – 73 kg
- Heavy 73 kg and over

**I wish to compete in (circle): Poomse Sparring Both**

**Fee for single event \$75.00 \_\_\_\_\_ Two events \$75.00 \_\_\_\_\_**

**PLEASE READ CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby submit my application for registration in this Taekwondo tournament. I voluntarily assume all risks in any way connected with my participation in the said Tournament, and hereby waive all claims howsoever caused, including negligence, against any and all persons, and any and all organizations and tournament officials connected with the above tournament, for any injuries or damages that I may sustain during my participation in this tournament. I also assume full responsibility for my actions and conduct during and in connection with the said tournament.

Signature: \_\_\_\_\_ Guardian/Parent (if under 18yrs): \_\_\_\_\_

\* This application must include a completed 'ATA Medical Fitness to Compete' form.



**2010 ALBERTA SENIOR  
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**GENERAL DIVISION COMPETITOR  
REGISTRATION FORM\***  
**(Color Belts and Junior Black Belts)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Club Name \_\_\_\_\_ Instructor/Master Name \_\_\_\_\_

Rank: Gup (circle one) 10, 9 8, 7 6, 5 4, 3 2, 1 Black Belt: \_\_\_\_\_  
White Yellow Green Blue Red Circle one: Poom/Dan

I wish to compete in (circle): Poomse Sparring Both

Fee for single event \$50.00 \_\_\_\_\_ Two events \$55.00 \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

I, the undersigned, hereby submit my application for registration in this Taekwondo tournament. I voluntarily assume all risks in any way connected with my participation in the said Tournament, and hereby waive all claims howsoever caused, including negligence, against any and all persons, and any and all organizations and tournament officials connected with the above tournament, for any injuries or damages that I may sustain during my participation in this tournament. I also assume full responsibility for my actions and conduct during and in connection with the said tournament.

Signature: \_\_\_\_\_ Guardian/Parent (if under 18yrs): \_\_\_\_\_

\* This application must include a completed 'ATA Medical Fitness to Compete' form.



## Medical Fitness to Compete

**This form MUST BE COMPLETED or your Application to compete will NOT be accepted.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ AHC# \_\_\_\_\_

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.

Signed \_\_\_\_\_

Under 18 years, Legal Guardian \_\_\_\_\_

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?

___ dizziness	___ blurred vision	___ amnesia	___ feeling in a fog
___ tingling	___ headache	___ irritability	___ ringing in the ears
___ numbness	___ nausea	___ vomiting	___ sensitivity to light
___ inability to concentrate		___ seeing flashing lights	

4. Of the above symptoms, do you still experience any of these?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO





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## **REFEREE APPLICATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Belt Rank \_\_\_\_\_ Instructor \_\_\_\_\_

Name of TKD School \_\_\_\_\_

**Present Referee Class:** (Please check appropriate line)

Provincial:    \_\_\_ "P" Class        \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

National:     \_\_\_ "P" Class        \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

International: \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

Fax application to: (780) 432-2440