## 1<sup>st</sup> Annual GP

Taekwondo Championships

## June 10<sup>th</sup>, 2017

# HW PICKUP JUNIOR HIGH 3505 58 AVE DRAYTON VALLEY, ALBERTA

#### FOR MORE INFORMATION CONTACT Master Shawn Arsenault (780) 514-9121 goldenphoenixtkd@hotmail.ca

\$5.00 at the door (6 yrs and under free) - entry for door prizes With Paid Admission

Doors open @8 am and Competition will begin @ 9 am







Box 466 Warburg AB T0C2T0 Phone: (780) 514-9121 Email: goldenphoenixtkd@hotmail.ca

May 24, 2017

Dear Masters, Instructors and Competitors,

Re: 2017 Golden Phoenix Tournament

It is my pleasure to invite you and your students to participate in our 1<sup>st</sup> Annual GP Taekwondo Championships to be held on Saturday, June 10th, 2017 at HW Pick Up High School.

Athlete registrations can be emailed Golden Phoenix Taekwondo. The **deadline to register is June 8th**; to ensure a smooth running tournament, registrations received after this date will not be accepted.

Enclosed is our information package including details on the tournament, accommodations and registration forms. Tournament information is also available on our Facebook page Golden Phoenix Taekwondo. Please feel free to contact our school if you have any questions or require further information.

Sincerely,

Master Shawn Arsenault Golden Phoenix Taekwondo

## 2017 Golden Phoenix

## **Information Sheet**

Date:	Saturday, June 10 , 2017
A	Doors open @ 8 am Referee Meeting @ approx. 8:45am All Color Belt Divisions begin at 9:00am All Belt Family and Pairs & Team Poomsae All Black Belt Poomsae Divisions begin at 10:00am Color Belt Sparring begins 10:30 am Recreation Black Belt Sparring s begin at approximately 2:00pm
Place:	HW Pick Up Junior High School Drayton Valley, AB
Registration:	DEADLINE Thursday, June 8th
~	NOTE: Registrations will not be accepted after the deadline date.
Registration Fee:	\$60.00 for 2 or more Events
Accommodation:	Super 8 from \$81.50         1-780-542-9122           Holiday Inn Express \$95         1-780-515-9888
Eligibility:	All competitors must be members of an established WTF School.
Rules:	Olympic WTF Rules Exception - NO HEAD CONTACT FOR: ✓ Children (15 Yrs. & Under) Color Belt Divisions ✓ Adult (16 Yrs+) Green Belt and Under Divisions ✓ Senior (30 Yrs+) Color belt Divisions
Equipment:	Competitor must provide his/her own protective equipment: arm, foot, groin, head, chest guards and <b>mouth guards</b> are <b>mandatory</b> .
Admission:	\$5.00 at the door (6 yrs. and under free) - entry for door prizes with paid admission.

#### 2017 GP Taekwondo Tournament

**Athlete Registration Summary** 

Email to: goldenphoenixtkd@gmail.com by Thursday, June 8 (Emailing individual applications is not required)

School Name:

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Athlete Name	Age & Year of Birth	M/F	Belt Level	Weight (kg)	Height (cm)	Sparring Yes/No	Poomse Yes/No	Family Y/N	Team Y/N	<b>Pair</b> Y/N
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### 1<sup>st</sup> Annual GP Tourney - Registration Form

Saturday, June 10th, 2016 HW Pick up Junior High

#### **DEADLINE FOR REGISTRATION:** Wednesday, June 8th

Last Name			First	~		
	Age*	Sex		cm in	Weight**	kg Ibs
(day / mor	ith / year)	and the second	1 24	-	1 1	
**Height & weight m	easurements mus	t be <b>accura</b>	te; divisions fo	or Color	Belt (15 yea	rs &
under) will be made	based on the sum	n of weight a	and height.	1.		2
Address			City	1	Pro	1
<b>Emergency Conta</b>	act	2556	Phone		- All	11
Color Belt						1.1
Name of TKD Scl					-0	
Team Poomsae (Red belt & up )	Fam	ily Poom	sae	1	Pairs d Belt & U	0)
Fee for 2 or mor (Please make chequ			i <mark>x Taekw</mark> ondo	')		
E-Transfer:	shawn@tko	orentals.co	m	Passv	vord: _gpto	urney_
PLEASE READ CAR				All a	5V7	
I, the undersigned, hereby in any way connected with negligence, against any an tournament, for any injuries responsibility for my action	submit my application fo my participation in the s d all persons, and any a s or damages that I may s and conduct during ar	or registration ir said Tournamer and all organiza sustain during nd in connectior	and hereby waive tions and tourname my participation in the said tourname	all claims nt officials this tourna nt.	howsoever caus connected with t	ed, includi he above
Date:	Signature:					

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I consent to his/her participation in the above tournament.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



#### Medical Fitness to Compete

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

Name	$A \vee I$	_ Date of Birth	Phone
Addre	ess	AHC#	
V L	I hereby certify that I have no consciousness or blow to the <u>in any activity</u> in the past 30	head followed by dizzine	head injury, loss of ess, memory loss or headache
( )	Signed		1 600
	Under 18 years, Legal Guard	lian	
3	Date	B	3
2.	Have you suffered a head inj head in the past 6 months?	ury, loss of consciousnes	ss, concussion or blow to the
/	YES 5	NO	5/
3.	If YES, what symptoms did ye	ou have <u>after</u> the injury?	M7V/
ina	tingling heada	rred vision amnesia ache irritability a vomitings seeing flashing	<ul> <li> ringing in the ears</li> <li>sensitivity to light</li> </ul>

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

\_\_\_\_\_YES \_\_\_\_\_NO

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Address		1	City	Pro
Home Phone	61.	Wo	ork Phone	
E-Mail:	XII			-
Belt Rank	V	Instructor		
Name of TKD	School			
Present Refe	ree Class: (Pl	ease check appro	priate line)	Z
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	
Please email	application to :	goldenphoenixtko 1-780-514-912		contact me
	1Ch	NT	NY	