



## *Mountainview Taekwondo Club 24th Annual Tournament*

September 18, 2017

Dear Grand Masters, Masters, Instructors and Competitors:

We are very excited to announce that this year's tournament will be hosted in Sundre, Alberta on November 4th, 2017.

This tournament promises to offer a relaxed yet exciting tournament atmosphere for athletes of all ages, skill levels and experience.

Our tournaments success is not only due to the great athletes and parents we have in our club but the continued support and enthusiasm of all Taekwondo athletes in the province that take the time out to participate in our tournament each year.

Doors to the tournament will be open at 9:00 with line up at 10:00 a.m. This will include adult and children colored and black belts.

Attached you will find the athlete tournament registration package and information.

If you have any questions or require further information you can call me at (403) 638-3790 or email me at [mvtkd@telus.net](mailto:mvtkd@telus.net).

Sincerely,

*Terri Miller*

Master Terri Miller  
Mountainview Taekwondo Club



**Box 4, Site 114, RR #3 Sundre, Alberta T0M 1X0 Ph: (403) 638-3790 email: [mvtkd@telus.net](mailto:mvtkd@telus.net)**



# Mountainview Taekwondo Club

## 24th Annual Tournament

- DATE:** SATURDAY November 4, 2017
- LOCATION:** Sundre Senior Highschool  
102 – 2<sup>nd</sup> Ave.,  
Sundre Ab.
- TIME:** 9:00 a.m. ALL competitors arrive  
10:00 a.m. Set up of Divisions for poomse and sparring for all ages and belts including black belts
- REGISTRATION:** Registrations must be received on or before **November 3, 2017**  
Email to ([mvtkd@telus.net](mailto:mvtkd@telus.net))  
Cheques made payable to MVTKD.
- ENTRY FEE:** **\$60.00 for poomse and/or sparring.** (Saturday registrations will be accepted \$65.00)
- Competitor Registration lists** must be rec'd by email no later than Friday November 3, 2017.  
Any student registrations rec'd on Saturday will be charged **\$65.00**.  
Competitor lists can be email to [mvtkd@telus.net](mailto:mvtkd@telus.net).  
Payment will be accepted for registrations on the morning of November 4, 2017.
- ACCOMODATIONS:** **Best Western Hotel**  
706 Main Ave E,  
Sundre, AB T0M 1X0  
(403) 638-0002
- ELIGIBILITY** All competitors must be members of an established WTF School
- RULES:** Sparring: WTF rules will apply. Poomse: general WTF rules apply  
\*\*No head contact for children 16 years and younger – Colored Belts and senior's colored belts  
\*\*Head contact for all black belts 12 years and older at discretion of Master/instructors.  
Absolutely no jewellery of any kind may be worn while competing.
- EQUIPMENT:** ALL SPARRING EQUIPMENT (headgear, chest protectors, shin/arm guards, mouthguards and groin protectors) is MANDATORY to compete
- Equipment will be for sale on the day of the tournament courtesy of Johnson Protec Martial Arts Equipment**
- All competitors must wear a clean WHITE dobuk and belt indicating rank.
- DIVISIONS:** Men's and women's senior division will be 30 and over and may be split again depending on age of senior competitors
- MATCHES:** Colored Belts 2 – 1 minute round with 30 sec break.  
Junior Black Belts 2 – 2 minute rounds with 30 second break  
Senior Black Belts 2 – 2 minute rounds with 30 second break  
Depending on the number of competitors round robin rules MAY be applied on day of competition  
**Divisions and times are subject to change on day of competition.**
- SPECTATOR FEE:** \$5.00 at the door  
Children under 5 years Free



# Mountainview Taekwondo Club 24th Annual Tournament

November 4, 2017

Sundre Senior Highschool  
Arrive: 9:00 a.m. Lineup: 10:00 a.m.

NAME: \_\_\_\_\_

SPARRING PATTERNS RANK (BELT): \_\_\_\_\_ BLACK BELT Dan \_\_\_\_\_

MALE: \_\_\_ FEMALE: \_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOJANG/CLUB NAME: \_\_\_\_\_ INSTRUCTOR NAME: \_\_\_\_\_

\$60.00 registration fee per competitor for one or both divisions. \$65.00 for Saturday Registration (Cash or cheque)

Registration form or competitor list **MUST** be received by email [mvtkd@telus.net](mailto:mvtkd@telus.net) no later than **November 3, 2017**. If submitting Competitor list please remember to bring registration forms and medical fitness forms with you on Saturday.

**\*\*Sparring equipment (headgear, chest protectors, shin/arm/elbow and groin protectors) is MANDATORY.**

**Mouth guards are MANDATORY for ALL competitors.\*\*\***

**There will be equipment for sale on tournament day courtesy of Johnson Protec Martial Arts Sales.**

I, the undersigned, do hereby voluntarily submit my (or my child's) application for attendance and participation in the Mountainview TKD Sparring Tournament. I do hereby assume all responsibility for any and all damages, injuries or loss of personal possessions that I (or my child) may sustain or incur, while attending or participating. I hereby waive all claims against Mountainview TKD Club (its officers and directors, the promoters, sponsors, associations, facilitators, or other competitors of said tournament individually or otherwise, for any damages, injuries, or losses that I (or my child) may sustain or incur. I fully understand that any medical treatment given to me will be by a licensed Emergency Medical Technician (EMT or paramedic) or certified First Aid Attendant. I hereby give permission that in case of emergency (in the opinion of the EMT or EMT-P or First Aid attendant.) that I (or my child) may be transported to the hospital by ambulance for further treatment as a precautionary measure.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parents signature for participants under 18 years of age.

**CASH, CHEQUE OR MONEY ORDER MADE PAYABLE TO "MVTKD"**

Registration Entry rec'd on or before:	<input type="checkbox"/>	November 3/17 \$60.00	Cash	Cheque Circle one	E tran
	<input type="checkbox"/>	November 4/17 \$65.00			
Medical Fitness to Compete attached	<input type="checkbox"/>				

FOR OFFICE USE ONLY





# RING SUPPORT APPLICATION FORM

## Referee's and judges

As we have all learned over the years the success of every tournament depends on the referees and officials that show the initiative and come forward when needed. I would very greatly appreciate your assistance in making the Mountainview TKD tournament successful and safe for all competitors. **NEW REFEREES ARE ENCOURAGED TO PARTICIPATE.**

If you are able to referee or assist within the rings please complete the following form and send it back to me by November 3/17.

You can email me @ [mvtkd@telus.net](mailto:mvtkd@telus.net) with your information.

Thanks for helping to make our tournament a success!!!!

**NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**BLACK BELT DAN (circle one):**     1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>

**DOJANG:** \_\_\_\_\_

**PHONE NUMBER: (    )** \_\_\_\_\_

**PERSONAL CONTACT NUMBER: (    )** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Present Class of Referee: (please circle)**

**PROVINCIAL:**     P Class    3<sup>rd</sup> Class    2<sup>nd</sup> Class    1<sup>st</sup> Class

**NATIONAL:**     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

NEWLY CERTIFIED REFEREES ARE ENCOURAGED TO ATTEND

Please send forms before November 1, 2017

Mountainview Taekwondo  
Box 4, site 114, RR #3  
Sundre, Ab T0M 1X0

Phone: 403-638-3790

Email: [mvtkd@telus.net](mailto:mvtkd@telus.net)



## Medical Fitness Form to Compete

This form MUST BE COMPLETED for your application to be accepted

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Mm/dd/yyyy

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

1. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past 6 months?

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

2. 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

3. Of the above symptoms, do you still experience any of these? \_\_\_\_\_ YES \_\_\_\_\_ NO

**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 \_\_\_\_\_

Mountainview Taekwondo  
Box 4, Site 114, RR #3  
Sundre, Ab T0M 1X0  
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