



2018 Western Canadian Tournament of Champions

May 26

Notre Dame High School

11900 Country Village Link NE, Calgary, AB T3K 0A2

Tickets: \$ 8.00 per person • Free Admission for Children 6 and Under
Doors Open at 8:00 AM

Color Belt Eliminations & Black Belt Sport Poomsae - 9:30 AM • Black Belt Eliminations - 2:00 PM

Questions / Inquiries can be directed to: tkdcalgary@gmail.com
WWW.CALGARYTKD.CA



2018 Western Canadian Tournament of Champions
Saturday, May 26, 2018
Calgary, Alberta

Dear Masters, Instructors and Students,

Calgary Taekwondo Academy is pleased to announce the 2018 Western Canadian Tournament of Champions. The tournament will be held on May 26, 2018 in Calgary, Alberta.

We cordially invite you and members of your dojangs to participate in our tournament. This event has been sanctioned by the Alberta Taekwondo Association as an Alberta Black Belt Ranking Point Tournament.

Athlete registrations can be emailed to **tkdcalgary@gmail.com**. The deadline for registration is 10:00 PM on Tuesday, May 22. A reminder to all coaches to please email your Athlete and Coach registration summary on or before the deadline.

Enclosed is a schedule of events, tournament application forms and hotel information. Tournament information is also available at www.taekwondoalberta.com. If you have any questions regarding this tournament, please contact us at tkdcalgary@gmail.com.

Sincerely,

A handwritten signature in black ink, appearing to be 'KF' followed by a long horizontal stroke.

Master Ken Froese,
Alberta Taekwondo Association President
Calgary Taekwondo Academy

2018 Western Canadian Tournament of Champions
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Calgary, Alberta

Date:	Saturday, May 26, 2018	
Tournament Location:	Notre Dame High School 11900 Country Village Link NE, Calgary, AB T3K 0A2	
Accommodation:	Hampton Inn & Homewood Suites by Hilton Calgary Airport North 2000 2021 100 Ave NE, Calgary AB T3J 0R3 Canada www.hampton.com	
	Rooms must be reserved by May 4, 2018 to guarantee room availability.	
	Phone:	1-403-452-9888
	Room Rate:	Standard 2 Queen Beds Non Smoking (up to 4 guests) - \$119 One King Studio Suite (up to 4 guests) - \$125 **Includes hot breakfast and free wifi. **prices are based on dual occupancy
	Group Code:	Western Canadian Tournament of Champions
Registration Deadline:	Deadline is Tuesday, May 22 at 10:00 PM Email: Athlete & Coach Registration Summary to tkdcalgary@gmail.com NOTE: Registrations will not be accepted after the deadline date.	
	Complete Registration forms and Medical Fitness forms will be required with payment on Friday, May 25 at ID Pickup (6:00 PM to 8:00 PM) at the Hampton Inn & Homewood Suites by Hilton Calgary Airport North.	
	<ul style="list-style-type: none"> •We accept Visa, MC, cheques and cash. •Make cheques payable to Calgary Taekwondo Academy. 	
Eligibility:	All competitors must be members in good standing of an established WT Taekwondo school and recognized by the Alberta Taekwondo Association, and/or their provincial taekwondo associations.	
Coaches Registration:	Only registered competitors and REGISTERED COACHES will be allowed on the competition floor. Refer to http://www.taekwondoalberta.com for ATA minimum coaching standards.	
Entry Fee:	<ul style="list-style-type: none"> • \$70.00 for one division • \$75.00 for two divisions • \$80.00 for three divisions 	
ID Pickup:	Friday, May 25 - 6:00 PM - 8:00 PM Hampton Inn & Homewood Suites by Hilton Calgary Airport North 2000 2021 100 Ave NE, Calgary AB T3J 0R3 Canada Saturday, May 26 - 8:15 AM - 10:00 AM Notre Dame High School 11900 Country Village Link NE, Calgary, AB T3K 0A2	
Event Times:	8:00 AM 9:15 AM 9:30 AM 12:00 PM - 1:00 PM 2:00 PM	Doors Open Competitor Check In Completed Color Belt Line Up & Black Belt Sport Poomsae Black Belt Weigh Ins Black Belt Sparring Line Up **Times are an approximate estimation
Admission:	\$ 8.00 per person, Admission is free for Children 6 and under	

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Rules:

Olympic WT Rules

Exception - NO HEAD CONTACT FOR:

- Children (15 Yrs & Under) Color Belt Divisions
- Children Black Belt (11 Yrs & Under) Divisions
- Adult (16 Yrs+) Green Belt and Under Divisions
- Senior (30 Yrs+) Color & Black Belt Divisions

Equipment:

- Competitor must provide his/her own protective equipment: arm, foot, groin, head, chest guards and mouthguards are mandatory.
- Black Belt sparring competitors will require KP&P electronic socks.

Divisions:

Divisions will be made prior to the start of the tournament.

Color Belts:

Children 4 - 15 years

Adult 16 - 29 years

Womens Senior 30 years & up

Mens Senior 30 - 37 years and 38 years and up

Black Belt Sparring:

Youth - no head contact

Cadets - head contact

Junior - head contact

Senior Divisions and Ultra Divisions

Black Belt Poomsae:

* Poomsae Draws will be announced on the ATA Website prior to the tournament.

*** BLACK BELT POOMSAE WILL START AT 9:30 AM SHARP.**

Weigh-Ins:

Black Belt weigh-ins will be held at the venue from 12:00pm - 1:00pm (2 attempts).

Matches:

Color belt matches consist of two 1 minute rounds with a 30 second break.
Black belt matches consist of two 1.5 minute rounds with a 45 second break.
All matches are subject to change.

Medals:

Medals will be presented throughout the day after each division is completed.

Medal presentation will be as follows:

Poomsae Awards: 2 Bronze, 1 Silver, 1 Gold

Sparring Awards: 2 Bronze, 1 Silver, 1 Gold

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Athlete & Coach Registration Summary

Please submit for Registration by 10:00PM on Tuesday, May 22 to tkdcalgary@gmail.com.

Coaches must complete this athlete summary form and email to the address above.

Remember to bring completed Registration and Medical Fitness forms with payment to ID Card Pick Up to receive Competitor ID Cards.

For Black Belt Poomsae divisions: indicate Individual, Pairs, Team & Freestyle. Pairs & Teams indicate team member names.

School / Club Name	
Master / Instructor	
Club Email	
VISA / MC#	

	Athlete Name	Age	Gender	Gup	Height (cm)	Weight (Kg)	Sparring	Poomsae	No. Events
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

	Coach Name	Gender	Rank/Dan
1			
2			
3			

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Competitor Registration Form

Last Name:	First Name:	Age:
Birth date (mm/dd/yy):	Gender:	Height: CM Weight: KG
Address:	City:	Province:
Home Phone:	Alternate Phone:	
Emergency Contact:	Phone:	
Club Name:	Master/Instructor:	
Club Phone:		

Rank / Gup (circle one): 10 9 8 7 6 5 4 3 2 1

Black Belt (circle one): _____ Poom Dan

Event: ☐ Poomsae (Individual) ☐ Sparring ☐ Pairs Poomsae (Black Belt Only) ☐ Team Poomsae (Black Belt Only) ☐ Free Style (Black Belt Only)

Medical Fitness Form complete & included: ☐ Yes

Registration Fee for One Events ☐ \$ 70.00

Registration Fee for Two Events ☐ \$ 75.00

Registration Fee for Three Events ☐ \$ 80.00

Credit Card# _____ Exp: _____ CVV: _____ ☐ MC ☐ VISA

***Registration deadline is 10:00 PM on Tuesday, May 22.**

***Late Registration will not be accepted after the deadline.**

***Make cheques payable to CALGARY TAEKWONDO ACADEMY.**

****Fees must be received by the competition date or your application to compete will be denied. No exceptions.**

*****Submit this form along with the Medical Fitness form at registration to receive your Competitor ID Badge.**

*****Coaches must submit a Athlete Summary Form by deadline to complete registration.**

PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2018 Western Canadian Tournament of Champions. I do hereby assume all responsibility for any and all damages, injuries or loss of personal possessions that I may sustain or incur, while attending or participating. I hereby waive all claims against Calgary Taekwondo Academy (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 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 may be transported to the hospital by ambulance for further treatment as a precautionary measure.

Signature: _____ Date: _____

Guardian/Parent Name (if under 18 yrs): _____

Signature: _____ Date: _____

Received:	/ /	Paid:	
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Medical Fitness to Compete

This form must be completed or your application to compete will not be accepted.

Last Name:	First Name:	Age:
Birth date (mm/dd/yy):	Gender:	
Address:	City:	Province:
Home Phone:	Alternate Phone:	
Provincial Health Care or Medical Card:	Expiry Date (if applicable):	
Emergency Contact:	Phone:	

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.

Signature:	Date:
Guardian/Parent Name (if under 18 yrs):	
Signature:	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?

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Amnesia | <input type="checkbox"/> Feeling in a fog |
| <input type="checkbox"/> Tingling | <input type="checkbox"/> Headache | <input type="checkbox"/> Irritability | <input type="checkbox"/> Ringing in the ears |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Nausea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Sensitivity to light |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Seeing flashing lights | | |

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

☐ Yes ☐ No

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Application to Referee

Last Name:	First Name:	Gender:
Age:	Rank / Black Belt (Dan):	
Address:	City:	Province:
Club Name:	Master/Instructor:	
Club Address:		
Club Phone Number:		

Present Referee Class: (Please check appropriate box)

Provincial:	<input type="checkbox"/> P Class	<input type="checkbox"/> 1st Class	<input type="checkbox"/> 2nd Class	<input type="checkbox"/> 3rd Class
National:	<input type="checkbox"/> 3rd Class	<input type="checkbox"/> 2nd Class	<input type="checkbox"/> 1st Class	
International:	<input type="checkbox"/> 3 rd Class	<input type="checkbox"/> 2nd Class	<input type="checkbox"/> 1st Class	

Email Applications to: **Master Ken Froese**
 Email: kenf@calgarytkd.com

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Signature:	Date:	
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Recieved:	/ /
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Coach Application

Last Name:	First Name:	Gender:
Rank / Black Belt (Dan):		
Address:	City:	Province:
Club Name:	Master/Instructor:	
Club Address:		
Club Phone Number:		
Dojang Coach (Certified or Trained)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assistant Instructor (Certified or Trained)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Email Applications to: **tkdcalgary@gmail.com**

We reserve the right to deny applications and/or access to the competition area. We reserve the right to revoke access to competition area.

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Signature:	Date:
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