



2019 Western Canadian Tournament of Champions

April 27 **Notre Dame High School**
11900 Country Village Link NE, Calgary, AB T3K 0A2

Tickets: \$ 5.00 per person • Free Admission for Children 6 and Under
Doors Open at 8:30 AM

Color Belt Eliminations & Black Belt Sport Poomsae - 10:00 AM • Black Belt Eliminations - 2:00 PM

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



**2019 Western Canadian Tournament of Champions
Saturday, April 27, 2019
Calgary, Alberta**

Dear Masters, Instructors and Students,

Calgary Taekwondo Academy is pleased to announce the 2019 Western Canadian Tournament of Champions. The tournament will be held on April 27, 2019 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 Monday, April 22. A reminder to all coaches to please email your Athelte 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,



Master Ken Froese,
Alberta Taekwondo Association President
Calgary Taekwondo Academy

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Saturday, April 27, 2019
Calgary, Alberta

Date:	Saturday, April 27, 2019	
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	
	Phone:	1-403-452-9888
	Room Rate:	Standard 2 queen beds, non smoking - \$119 **Includes hot breakfast and free wifi. **prices are based on dual occupancy
	Group Code:	Western Canadian Tournament of Champions
Registration Deadline:	Deadline is Monday, April 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, April 26 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 and cheques. •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.	
Entry Fee:	<ul style="list-style-type: none"> • \$70.00 for one events • \$75.00 for two events • \$80.00 for three events 	
ID Pickup:	Friday, April 26 - 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, April 27 - 8:30 AM - 9:30 AM Notre Dame High School 11900 Country Village Link NE, Calgary, AB T3K 0A2	
Event Times:	8:30 AM	Doors Open
	9:30 AM	Competitor Check In Completed
	10:00 AM	Color Belt Line Up, Black Belt Sport Poomsae
	12:00 PM - 1:00 PM	Black Belt Weigh Ins
	2:00 PM	Black Belt Sparring Line Up
		**Times are an approximate estimation
Admission:	\$ 5.00 per person, Admission is free for Children 6 and under (Cash Only)	

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Rules:	Olympic WT Rules Exception - NO HEAD CONTACT FOR: <ul style="list-style-type: none">• 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:	<ul style="list-style-type: none">• 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:	All divisions will be made prior to the start of the tournament. Color Belts: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Youth - no head contact• Cadets - head contact• Junior - head contact• Senior Divisions and Ultra Divisions Color Belt Poomsae: <ul style="list-style-type: none">• Individual poomsae - all ages and belt ranks• Pairs poomsae (1 male, 1 female) Youth, Cadet, Junior• Team poomsae (3 male or 3 female) Youth, Cadet, Junior• Pairs and teams must indicate which poomsae they will be performing Black Belt Poomsae: <ul style="list-style-type: none">• Draws will be announced on the ATA Website prior to the tournament• Pairs poomsae (1 male, 1 female) Youth, Cadet, Junior• Team poomsae (3 male or 3 female) Youth, Cadet, Junior
Weigh-Ins:	Black Belt weigh-ins will be held at the venue from 12:00 PM - 1:00 PM (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 Monday, April 22 to tkdcalgary@gmail.com.

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

Ensure that all athlete information is accurate.

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

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

School / Club Name	
Master / Instructor	
Club Email	

	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
Belt Color:										

Black Belt (circle one):		Poom	Dan
Event:	<input type="checkbox"/> Poomsae (Individual)	<input type="checkbox"/> Sparring	<input type="checkbox"/> Pairs Poomsae (Black Belt Only)
		<input type="checkbox"/> Pairs Poomsae (Color Belt Only)	<input type="checkbox"/> Team Poomsae (Black Belt Only)
			<input type="checkbox"/> Team Poomsae (Color Belt Only)
			<input type="checkbox"/> Free Style (Black Belt Only)

Indicate Name of Pairs Partner/Team Members:
Indicate Taeguk Poomsae of choice for Pair & Team Members:

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 Monday, April 22. Late Registration will not be accepted after the deadline.**
- * **Make cheques payable to CALGARY TAEKWONDO ACADEMY.**
- * **Fees must be recieved 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 2019 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: _____

Recieved:	/ /	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"/> 3rd Class | <input type="checkbox"/> 2nd Class | <input type="checkbox"/> 1st Class | |

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

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Signature: _____ Date: _____

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) Yes No

Assistant Instructor (Certified or Trained) Yes 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: _____