

## Mountainview Taekwondo Club 26th Annual Townament

September 25, 2019

Dear Grand Masters, Masters, Instructors and Competitors:

We are very pleased to announce that the Mountainview TKD 26<sup>th</sup> Annual tournament will be held on November 2, 2019 at the Sundre Senior High school.

Date: November 2, 2019
Time: Doors open @ 8:30 a.m.

Line up (all belts) 9:30 a.m.

I wou<mark>ld like to offer a speci</mark>al thank you to all the athletes, coaches, referees and volunteers for your continued support in making the Sundre tournament such a success over the years and look forward to a successful 2019 tournament season in Alberta.

Thank you to Protec Canada Equipment for attending our tournament and ensuring everyone is equipped to compete this season.

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) 846-8823 or email mvtkd@telus.net.

Sincerely,

Terri Miller

Master Terri Miller Mountainview Taekwondo Club



## Mountainview Taekwondo Club 26th Annual Tournament

DATE: SATURDAY November 2, 2019

LOCATION: Sundre Senior Highschool

102 – 2<sup>nd</sup> Ave., Sundre Ab.

TIME: 8:30a.m. ALL competitors arrive

9:30 a.m. Set up of Divisions for poomsae and sparring for all ages and belts (including black belts)

REGISTRATION: Registrations must be received on or before November 1, 2019

Email to (mvtkd@telus.net)

Cheques made payable to MVTKD.

ENTRY FEE: \$65.00 for poomsae and/or sparring. (Saturday registrations will be accepted \$70.00)

Competitor Registration lists must be rec'd by email no later than Friday November 1, 2019.

Any student registrations rec'd after November 1, will be charged \$70.00.

Competitor lists can be email to mvtkd@telus.net.

Payment will be accepted for registrations on the morning of November 2, 2019.

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. Poomsae: Traditional and Sport depending on competitors

\*\*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 quards, mouthquards and groin protectors) is

MANDATORY to compete. All competitors must wear a clean WHITE dobuk and belt indicating rank

Equipment will be available for purchase at the tournament courtesy of Protec Martial Arts Equipment

**DIVISIONS:** Men's and women's senior division will be 30 and over and may be split again depending on age of senior

competitors. Poomsae and sparring divisions will done Sat. a.m. so please be sure you have a coach available for your athletes. It is our goal to make the divisions as fair as possible for the competitors while giving them the best

experience.

**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

Round robin or dbl elimination rules MAY be applied on day of competition to divisions.

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 26th Annual Tournament

November 2, 2019

Sundre Senior Highschool Arrive: 8:00 a.m. Lineup: 9:30 a.m.

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any and all da	amages, injuries or loss	of personal possessions	that I (or my child) may su	ustain or in	cur, while attending or	ainview TKD Sparring Tournament. I do participating. I hereby waive all claims ly or otherwise, for any damages, injuri	against Mountainview TKD Club
sustain or inc permission th	ur. I fully understand t at in case of emergend	hat any medical treatment	t given to me will be by a	licensed E	mergency Medical Ter	chnician (EMT or paramedic) or certified that be transported to the hospital by a	d First Aid Attendant. I hereby gi
precautionary		198	97/				
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Late Registration:				November 2	2/19 \$70.00		
	Medical Fit	ness to Compe	ete attached				
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		Circ	cle one				

Mountainview Taekwondo Club



#### 26th Annual Townament

#### **REGISTRATION SHEET**

Must be received no later than November 1. 2019 Email: <a href="mvtkd@telus.net">mvtkd@telus.net</a>

School Name:

		F 4	
Competitor Name	Age	Gender (M/F)	Belt Level
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### Mountainview Taekwondo Club 26th Annual Townament

### **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 by October 29, 2019

You can email me @ mvtkd@telus.net with your information.

Without great referees we would not have a successful tournament, thanks for helping to make our 26<sup>th</sup> Annual tournament a success!!!!

NAME:			18.0	_AGE:	1	_12
BLACK BELT DAN (	(circle one)	: <u>1</u> st	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	
DOJANG:	1					
PHONE NUMBER: (	( )					
PERSONAL CONTA	CT NUMBE	R: ( )				
EMAIL:						
Present Class of R	eferee: (pl	lease circle	·)			
PROVINCIAL:	P Class	3 <sup>rd</sup> Class	2 <sup>nd</sup> Class	1 <sup>st</sup> Cl	ass	
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 THIS TOURNAMENT

Please submit forms on or before October 29, 2019



# Mountainview Taekwondo Club 26th Annual Townament

#### **Medical Fitness Form to Compete**

This form MUST BE COMPLETED for your application to be accepted

Athlete's Name	Date of Birth				
Emergency contact name:	Emergency Ph:				
AHC#					
1. Have you suffered a head injury, loss past 6 months?	of consciousness, concussion or blow to the head in the				
☐ YES ☐ NO					
2. If YES, what symptoms did you have	after the injury?				
dizziness blurred vision headache numbness nausea inability to concentrate					
3. Of the above symptoms, do you	still experience any of these? ☐ YES ☐ NO				
4. Do you have any allergies?	☐ YES ☐ NO please list:				
	please list:				
	concussion, head injury, loss of consciousness or blow ory loss or headache in any activity in the past 30 days.				
Signed					
Under 18 years, Legal Guardian					
Date					