



27th Annual Mountainview Taekwondo Tournament

September 26, 2023

Dear Grand Masters, Masters, Instructors and Athletes:

We are very pleased to announce that the 27th Annual Mountainview Taekwondo Tournament will be held in Sundre, Alberta on Saturday, October 28, 2023. We would like to extend this invitation to you and have made it our mission to host a fun and affordable tournament for all families and individuals to join us on this day.

Date: Saturday, October 28, 2023

**Time: Doors open at 8:00AM
Line up (All belts) 9:30AM**

**Address: Sundre High School Gym
102 2 Ave NW
Sundre, AB**

I would like to offer a special thank you to all the athletes, coaches, referees, and volunteers for your continued support over the years and look forward to a successful 2023 tournament.

Depending on the response and venue capacity we will be watching registration numbers please encourage students to register to secure a spot in our tournament.

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

If you have any questions or require further information contact Cherie at 403 418 5532 OR sundremvtkd@hotmail.com

Sincerely,

Sundre Mountainview Taekwondo

Sundre Mountainview Taekwondo Club

Mailing Address: Box 644 Caroline, Alberta | Phone:(403) 418 5532 | E-mail: sundremvtkd@hotmail.com



27th Annual Mountainview Taekwondo Tournament

- DATE:** SATURDAY, OCTOBER 28, 2023
- LOCATION:** Sundre High School Gym
102 – 2nd Ave NW
Sundre, Alberta
- TIME:** 8:00AM Doors Open and Check-in.
9:30AM Set up of Divisions for poomsae and sparring for all ages and belts **including black belts.**
- REGISTRATION:** Registrations must be received on or before Friday, **October 27, 2023, at 12:00PM (NOON)**
Email registration and Payment to Sundremvtkd@hotmail.com
Cheques made payable to **Sundre Mountainview Taekwondo**
- ENTRY FEE:** **\$65.00 for POOMSAE and/or SPARRING.**
(SATURDAY REGISTRATIONS WILL BE ACCEPTED)
E-transfer: sundremvtkd@hotmail.com
Competitor registration lists must be received by
E-mail no later than Friday, October 27, 2023, at 12PM NOON.
Competitor lists can be e-mail to sundremvtkd@hotmail.com
Payment will be accepted for registrations on the morning of October 28, 2023.
- ACCOMODATIONS:** Mountain View Inn & Suites
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 and senior-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.
All competitors must wear a clean WHITE dobok and belt indicating rank.
- DIVISIONS:** Men's and women's senior division will be 30 and over and may be separated depending on age of senior competitors.
- MATCHES:** Colored Belts | 2 -1-minute rounds with 30 sec breaks
Junior Black Belts | 2 – 2-minute rounds with 30 second break
Senior Black Belts | 2– 2-minute rounds with 30 second break
Round Robin rules MAY be applied on day of competition to divisions.
- SPECTATOR FEE & INFORMATION:** \$5.00 admission (Cash) Children under 5 FREE. **NO CONCESSION ON SITE.**



27th Annual Mountainview Taekwondo Tournament

NAME: _____

ADDRESS: _____ PHONE: _____

DOJANG/CLUB NAME: _____ INSTRUCTOR NAME: _____

\$65.00 registration fee per competitor for one or both divisions if paying the morning of the tournament. Cash OR Cheque.

Registration form OR competitor list **MUST** be received by email sundremvtdk@hotmail.com no later than Friday, October 27th at 12:00PM NOON. If submitting Competitor list in person, please remember to bring registration forms and medical fitness forms.

****Sparring equipment (headgear, chest protectors, shin/arm/elbow, and groin protectors, mouth guards) are MANDATORY for all competitors.**

SPARRING _____	PATTERNS _____	RANK (BELT): _____	BLACK BELT DAN _____
MALE: _____	FEMALE: _____	AGE: _____	HEIGHT (INCHES): _____ WEIGHT(LBS): _____

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 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 E-TRANSFER to Sundre Mountainview Taekwondo **Fees are non-refundable******
sundremvtdk@hotmail.com | 403 418 5532

Registration Entry received	Date: _____	\$65.00	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> E-transfer
Medical Fitness received <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.

Email sundremvtd@hotmail.com with your information.

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

NAME: _____ AGE: _____

BLACK BELT DAN (circle one): 1st 2nd 3rd 4th

DOJANG: _____

PHONE NUMBER: _____

PERSONAL CONTACT NUMBER: _____

EMAIL: _____

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

PROVINCIAL: P Class 3rd Class 2nd Class 1st Class

NATIONAL: 3rd Class 2nd Class 1st Class

INTERNATIONAL 3rd Class 2nd Class 1st Class

Sundre Mountainview Taekwondo Club

Mailing Address: Box 644 Caroline, Alberta | Phone:(403) 418 5532 | E-mail: sundremvtd@hotmail.com



Athlete Medical Fitness Form

This form must be completed with registration.

Athlete's Name _____ Date of Birth _____ Phone _____
M/D/Y

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/balance problems or double or blurry vision.
- ___ Headache or "pressure" in head.
- ___ Bothered by light or noise.
- ___ Inability to concentrate/confusion or memory problems.
- ___ Nausea or vomiting.

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.**

Waiver of Liability

****I voluntarily assume all risks in any way connected with my participation in / to and from the said tournament and hereby waive all claims, injuries and responsibilities of Mountainview Taekwondo Club, Instructors, and Administrators and all Volunteers and Organizations within the said tournament.**

Signed _____

Under 18 years, Legal Guardian _____

Date _____

Sundre Mountainview Taekwondo Club

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