

# A.A.U Region 9 Tae kwon-do Championship – March 8, 2008

Butler Sports Complex  
13755 South Main  
Houston, Texas 77035

## INFORMATION SHEET

Competition Date:           **SATURDAY, MARCH 8, 2008**

Entry Fees:                   **1 or 2 Individual Events           \$65.00**  
   **3 Events                                 \$75.00**

### **CLINICS:**

Coaches /Referee Clinic: \$35.00  
Saturday, January 12, 2008, 11:00 am  
American Kid Athletic, 3211-B Fry Road, Katy  
281-492-2411

Coaches Clinic ONLY: \$35.00  
March 7, 2008, 7pm – 9pm, Young Brothers-Bellaire  
4215 Bellaire Boulevard, Houston

**Coaching Floor Fee:                         \$15.00**

*All officials and coaches who wish to work this event **MUST** hold current 2008 Coach's/Officials credentials. Those officials who already hold current credentials must still show proof on day of tournament.*

Entry Deadline:                 All applications must be postmarked no later than  
**March 2, 2008.**

Late Fees:                         **Applications postmarked after March 2, 2008 but before March 7, 2008 may still be accepted but will be assessed a \$25.00 late fee. NO EXCEPTIONS. Applications postmarked after March 7, 2008 WILL NOT be accepted. ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AT THE DOOR. There will be no refunds issued for any reason whatsoever!**

Payment Info:                   **NO personal checks will be accepted.** All payments must be in the form of either a cashier's check or money order made payable to:  
**Young Brothers**

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## INFORMATION SHEET cont'd.

**It is important that the following forms are completed and returned together:**

1. Competitor's Application(s)
2. Waiver Form

The Local Organizing Committee (LOC), along with the AAU has spent many hours planning and preparing for this AAU Event. In order to make it a great success, we are asking for your cooperation. It is the responsibility of the parents, coach, instructor and athlete to insure that the application is in on time and complete. Incomplete applications (missing age, belt, weight etc.) **WILL BE REJECTED**. When completing the application, be sure to give the correct age, weight and rank as of August 31, 2008. It is your responsibility to insure that our weight matches the weight class you listed on your application- **FAILURE TO MAKE WEIGHT WILL RESULT IN YOUR DISQUALIFICATION FROM SPARRING.**

### Age Determining

#### Date:

Athletes shall compete at their age as of August 31, 2008

### AAU Membership:

All athletes, coaches, and officials **MUST** be individual members of the AAU and be able to present their membership card at the time of their check-in or purchase a new one at that time.

### Rules:

AAU Tae Kwon-Do Rules as documented in the 2008 AAU Tae Kwon-Do Handbook shall apply. All officials must also have in their possession the current handbook that may be obtained at [www.aautaekwondo.org](http://www.aautaekwondo.org).

### Uniform

#### Requirements:

All contestants must wear a clean WHITE dobok only.

### Equipment

#### Requirements:

Please refer to the proper pages in the 2008 AAU Tae Kwon-Do Handbook for the mandatory and optional equipment requirements for Olympic style sparring respectively. No exceptions!

### Awards:

Medals will be awarded to first four places.

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## INDIVIDUAL COMPETITORS APPLICATION FORM

(PLEASE PRINT CLEARLY OR TYPE)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ City, State, Zip \_\_\_\_\_

PHONE(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE(as of 8-31-08)

**Competition Weight** \_\_\_\_\_ **Female** **Male**  
(Be accurate-Competitors will weigh-in)

**Competition Rank** \_\_\_\_ Novice \_\_\_\_ Intermediate \_\_\_\_ Advanced \_\_\_\_ Black (\_\_\_\_ Dan)

AAU Association

Name (ie. Gulf, Ozark, Adirondack) \_\_\_\_\_

AAU# (REQUIRED) \_\_\_\_\_

Tae Kwon-Do School Affiliation: Head Instructor \_\_\_\_\_

School Address \_\_\_\_\_

School Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check Division(s) you wish to participate in:**

**AAU Events:** Forms \_\_\_\_\_ Point Sparring \_\_\_\_\_ Olympic Sparring \_\_\_\_\_

AAU Competition Fee: 1 or 2 Events=\$65.00 3 Events \$75.00

### **APPLICATIONS MUST BE POSTMARKED NO LATER THAN March 2, 2008**

Any application postmarked between March 2, 2008 and March 7, 2008 will be assessed a \$25.00 Late Processing Fee. NO applications postmarked after March 7, 2008 will be accepted. ABSOLUTELY No applications will be accepted at the door!!! There will be no refunds issued.

Applications must include:

- a) Copy of Birth Certificate for those competitors 4-8 years of age ONLY
- b) Completed Fee Sheet
- c) Waiver/Release Form

Make Cashiers Check or Money Order payable to and mail completed applications to:

**YOUNG BROTHERS TKD**  
**4215 Bellaire Blvd.**  
**Houston, Texas 77025**

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## ATHLETE WAIVER/RELEASE FORM ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any Amateur Athlete Union of the U.S. Inc. activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

**ACKNOWLEDGE**, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at anytime I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

**FULLY UNDERSTAND that:** (a) **ATHLETIC ACTIVITIES INVOLVE RISK AND DANGER OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS")**; (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COST, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

**HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** the Amateur Athletic Union of the U.S. Inc. (AAU), Young Brothers Tae Kwon-Do, Elite Tae kwon do, Houston Independent School District, Butler Sports Complex, including it's representatives, the related affiliated and subsidiary companies, as well as officers, directors, agents, employees, and assigns of each, and the AAU's Associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Activity takes place, and any other indemnified and held harmless by the AAU, each considered one of the "RELEASEES" herein FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OR RISK, AND HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damager, or cost which any may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OR ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINT NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S  
SIGNATURE (only if age 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

## MINOR RELEASE

AND I, THE MINOR'S PARENTS AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ALTHETIC ACTIVIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACITIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEE'S" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

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## OFFICIALS Application/Registration Form

(PLEASE PRINT CLEARLY)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

RANK \_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_

AAU# (required) \_\_\_\_\_ AAU DISTRICT NAME \_\_\_\_\_

OFFICIALS CERTIFICATION NUMBER \_\_\_\_\_

OFFICIALS CERTIFICATION CLASS (circle one) IR AA A B C D E

LAST CERTIFICATION CLINIC ATTENDED:

DATE \_\_\_/\_\_\_/\_\_\_ LOCATION \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_

LAST AAU SANCTIONED EVENT WORKED:

DATE \_\_\_/\_\_\_/\_\_\_ AAU DISTRICT \_\_\_\_\_ TOURNAMENT DIRECTOR \_\_\_\_\_

### TAE KWON DO SCHOOL AFFILIATION:

SCHOOL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HEAD INSTRUCTOR \_\_\_\_\_ SCHOOL # \_\_\_\_\_

I understand that officials must be properly attired according to AAU rules. I further understand that in order to receive certification, and/or upgrade, as well as work the event, that I MUST attend a 2008 Officials clinic prior to the event. I also understand that an upgrade in certification will be contingent solely upon my performance.

Signature \_\_\_\_\_

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## BLACK BELT TEAM FORMS

COMPLETE ALL AREAS BEFORE SUBMITTING  
(PLEASE PRINT CLEARLY)

ATHLETE'S NAME	AGE	SEX	AAU NUMBER
1.			
2.			
3.			

REPRESENTING  
(School or AAU District/Region) \_\_\_\_\_

TEAM CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

NAME OF FORM/PATTERN \_\_\_\_\_

Please refer to the Official AAU Tae Kwon Do Handbook for information regarding Team Make-Up and order of competition.

I hereby certify that I know and understand the rules, policies, and code of conduct for AAU Tae Kwon Do. I certify that I have registered these athletes in the correct age grouping and that each has qualified to compete according to the specifications outlined in the AAU Tae Kwon Do Handbook. I understand that he/she is responsible for producing an AAU Membership card at registration and that I may have to produce a birth certificate at the competition if an athlete's age is challenged. I also understand that the team may be eliminated from the competition if I have misrepresented any of the above information.

TEAM SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## AAU Rules Will Apply

### **Traditional Forms Rules**

1. Students must perform traditional form at or below their level.
2. Uniforms must be neat with sleeves below the elbows.
3. Uniforms must be white.

### **AAU International Sparring Rules**

#### 1. Equipment

- |                           |   |
|---------------------------|---|
| a) AAU approved Chest pad | d) Forearm pads (cloth & pad only, no plastic)  |
| b) AAU approved Head Gear | e) Shin & Instep (cloth & pad only, no plastic) |
| c) Groin Protector        | f) Mouth guard                                  |

#### 2. Optional Equipment

- |                       |                  |
|-----------------------|------------------|
| a) Protective eyewear | b) Athletic tape |
|-----------------------|------------------|

**NOTE:** White cloth athletic tape may be worn to support previously injured appendages as well as to help protect any uninjured areas from becoming injured. Areas allowed to be taped include: fingers, thumb, wrist and toes. This tape may be wrapped no more than two times around the appendage, and cannot be used in such way as to prevent or severely restrict the movement thereof.

**Location:** Butler Sports Complex  
13755 S. Main  
Houston, Texas 77035

**Date:** Saturday, March 8, 2008

**Admission Fee:** \$8 Adults  
\$5 Children, Kids under 3 yrs Free

**Entry Fee:** Any 2 events = \$65 Any 3 events \$75  
NO money at the door

## **NO Registration at the Door!!!**

**PARTICIPANTS MUST IN THE GYM 1 HOUR PRIOR to THEIR EVENT STAGING TIME**

### **STAGING TIMES:** (approximate times-MUST be in staging by this time)

8:00 am	Door Open	8:30 am-Officials Meeting
9:00 am	Olympic Sparring	(Children 5-11 yrs.)
10:30 am	Olympic Sparring	(Teens 12-13 yrs.)
11:00 am	Olympic Sparring	(14-17 yrs.)
11:30 am	Olympic Sparring	(Adults 18-34 yrs. & up)
12:00 pm	Forms	(Children 5-11 yrs.)
1:00 pm	Forms	(Teens 12-17 yrs.)
1:30 pm	Forms	(Adults 18-34 yrs. & up)
1:30 pm	Point Sparring	(Children 5-11 yrs.)
2:00 pm	Point Sparring	(Teens 12-17 yrs.)
2:30 pm	Point Sparring	(18-34 yrs. & up)

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## COACHES REGISTRATION FORM

**\$15.00** Coaches Floor Fee

You must have attended a 2008 AAU Coaches and Officials clinic. A Valid 2008 Coaches Badge must be shown at the front door

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME # (\_\_\_\_\_) \_\_\_\_\_ WORK # (\_\_\_\_\_) \_\_\_\_\_

CURRENT RANK: \_\_\_\_\_ DAN BLACK BELT \_\_\_\_\_ GUP \_\_\_\_\_ BELT COLOR \_\_\_\_\_

AAU DISTRICT \_\_\_\_\_ **AAU NUMBER (required)** \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ Certification Number \_\_\_\_\_

LAST CERTIFICATION CLINIC ATTENDED:

Date \_\_\_\_\_ Location \_\_\_\_\_ Instructor \_\_\_\_\_

LAST AAU SANCTIONED EVENT WORKED:

Date \_\_\_\_\_ AAU District \_\_\_\_\_ Tournament Director \_\_\_\_\_

**TAE KWON DO SCHOOL AFFILIATION:**

HEAD INSTRUCTOR \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

I understand that coaches must be properly attired according to AAU Rules (Royal Blue AAU Official Coaches Shirt and white dobok pants) in order to be on the competition floor and must have my AAU Coach's ID Card.

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

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