



Mountainview Taekwondo Club 25th Anniversary Tournament

September 18, 2018

Dear Grand Masters, Masters, Instructors and Competitors:

We are very pleased to announce that the Mountainview TKD 25th Anniversary tournament will be held on November 3, 2018 at the Sundre Senior High school.

Date: November 3, 2018
Time: Doors open @ 8:30 a.m.
Line up (all belts) 9:30 a.m.

I would like to offer a special 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 2018 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 25th Anniversary Tournament

- DATE: SATURDAY November 3, 2018
- LOCATION: Sundre Senior Highschool
102 – 2nd 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 2, 2018**
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 2, 2018.
Any student registrations rec'd after November 2, 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 3, 2018.
- ACCOMODATIONS: **Best Western Hotel**
706 Main Ave E,
Sundre, AB TOM 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 guards, mouthguards 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 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



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November 3, 2018

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

NAME: _____

ADDRESS: _____ **PHONE:** _____

Please Circle:		RANK (BELT): _____		BLACK BELT Dan _____	
SPARRING	PATTERNS				
MALE: _____	FEMALE: _____	AGE: _____	HEIGHT: _____	WEIGHT: _____	

DOJANG/CLUB NAME: _____ **INSTRUCTOR NAME:** _____

\$65.00 registration fee per competitor for one or both divisions. \$70.00 for Saturday Registration (Cash or cheque)

Registration form or competitor list MUST be received by email mvtkd@telus.net no later than November 2, 2018. If submitting Competitor list please remember to bring registration forms and medical fitness forms with you on Saturday.

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

There will be equipment for sale on tournament day courtesy of Protec Canada Martial Arts Sales. 

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 any and 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 MONEY ORDER MADE PAYABLE TO "MVTKD"

FOR OFFICE USE ONLY

Registration Entry rec'd on or before:	<input type="checkbox"/>	November 2/18	\$65.00
Late Registration:	<input type="checkbox"/>	November 3/18	\$70.00
Medical Fitness to Compete attached	<input type="checkbox"/>		
Cash	Cheque	E trans	Credit Card
<small>Circle one</small>			



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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 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 ___ blurred vision ___ amnesia ___ feeling in a fog
___ tingling ___ headache ___ irritability ___ ringing in the ears
___ numbness ___ nausea ___ vomiting ___ sensitivity to light
___ 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:

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.**

Signed _____

Under 18 years, Legal Guardian _____

Date _____

Mountainview Taekwondo
Box 4, Site 114, RR #3
Sundre, Ab T0M 1X0
Email: mvtkd@telus.net



REGISTRATION SHEET

Must be received no later than November 2, 2018

Email: mvtkd@telus.net

School Name: _____

Competitor Name	Age	Gender (M/F)	Belt Level



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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 November 1/18

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 25th Anniversary 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

NEWLY CERTIFIED REFEREES ARE ENCOURAGED TO ATTEND THIS TOURNAMENT

Please submit forms on or before November 1, 2018

Mountainview Taekwondo
Box 4, site 114, RR #3
Sundre, Ab T0M 1X0

Phone: 403-638-3790

Email: mvtkd@telus.net