

Saturday, February 12, 2011 **Champion Martial Arts** 10550 W. 103rd Street Overland Park, Kansas 66214

Forms - Point Sparring - Olympic Sparring Matted Rings and Electronic Scoring



PRE-REGISTRATION IS REQUIRED BY February 5, 2011

Registration after Feb. 5th or at the door will incur a \$15.00 late fee

Sanctioned by the Amateur Athletic Union Hosted by Missouri Valley AAU Taekwondo and **Champion Martial Arts Center**



Tournament Information

LOCATION:	Champion Martial Arts Center 10550 W. 103rd Street Overland Park, Kansas 66214
DATE:	Saturday, February 12th, 2011
TIME SCHEDULE:	 * All Point Sparring will begin at <u>approx.</u> 11:00pm * Competition (forms and/or Olympic sparring) for ages 7 and below will begin at <u>approx.</u> 12:00pm * Competition (forms and/or Olympic sparring) for ages 8, 9, 10 and 11 years old will begin at <u>approx.</u> 1:30pm * Competition (forms and/or Olympic sparring) for ages 12 and older will begin at <u>approx.</u> 3:00pm
ENTRY FEES:	1 or 2 Individual Events\$45.00Registration deadline is February 5th. Registration formspostmarked after the deadline or at the door will incur a \$15.00 late fee.
COACHES:	All coaches must take the 2011 AAU Coaches Online Certification Course in order to coach at this qualifier. Information regarding the online certification course can be found at www.aautaekwondo.org
AAU MEMBERSHIP:	This is an AAU Sanctioned Event. All athletes and coaches must be a current member of the AAU Program. You must include a copy of your membership card with this application. You can obtain a membership application at. www.aausports.org
AWARDS:	AAU Championship Medals will be awarded to 1st, 2nd and 3rd places.
RULES:	AAU Tournament Rules will apply. All AAU Rules can be viewed and downloaded at www.aautaekwondo.org All sparring competitors must provide their own equipment.
OTHER INFORMATION:	Winners from this event will hold the title of Missouri Valley AAU Taekwondo Champion. This event will also qualify those athletes who wish to compete in either the AAU National Taekwondo Championships in Austin, Texas or the AAU Junior Olympic Games in New Orleans, LA. Information on these events can be found at www.aautaekwondo.org

For more information: contact Terry Gautreaux at gautreaux1@comcast.net or 816-229-6611



Missouri Valley AAU Athlete Registration

Mail completed registration form to: GMAC, PO Box 442, Blue Springs, MO 64013 Money Order or Certified Check made payable to GMAC. Personal Checks <u>WILL NOT BE ACCEPTED</u>.

Competitor Nam	e:
Mailing Address	:
City/State/Zip: _	
Phone:	Email:
Martial Arts Sch	ool:
Instructor's Nam	ne:
Please check and	fill in all information:
Male Fen	nale Weight Age (as of August 31) DOB
Rank:	
Novice:	WhiteYellowOrange
Intermediate:	GreenBluePurple
Advanced:	RedBrown
Black Belt:	1st2nd3rd4th & Higher
Division:	
Forms	Olympic Sparring Point Sparring
In consideration o executors and admi	AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE f your acceptance of my entry, I do hereby waive and release, for myself, my heirs, nistrators, any claim I may make against Gautreaux's Martial Arts and competitors fo s which may be sustained by me in connection with my association with or entry in th

executors and administrators, any claim I may make against Gautreaux's Martial Arts and competitors for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet or which may arise out of traveling to, participating in and returning from this athletic meet. I understand that taekwondo is a body contact sport which involved risk of injury. I understand all the contents of the rules and general information published by the sponsors and I agree with them in their entirety. I fully understand that any medical treatment I receive will be of the "first aid" type only. In addition, I consent that any pictures taken of me in connection with this event can be used for publicity, etc and I waive compensation in regard hereto.

Printed Name of Participant	Signature of Participant	Date
Printed Name of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

For more information: contact Terry Gautreaux at gautreaux1@comcast.net or 816-229-6611



Missouri Valley AAU Taekwondo Championships Officials/Coaches Registration Form

Officials Registration Form

I would like to thank you in advance for your support and dedication to making this event a success. Please fill out the form below and return <u>no later than February 5th</u> to GMAC, PO Box 442, Blue Springs, MO 64013.

NAME: _____

AAU MEMBERSHIP NUMBER _____

DATE/LOCATION OF AAU CLINIC ATTENDED: _____

NAME OF MARTIAL ARTS SCHOOL: _____

COACHES REGISTRATION FORM

I would like to thank you in advance for supporting the AAU Taekwondo Program with your athlete's participation. I hope this experience brings you back to many more AAU events. Please fill out the information below and return **no later than February 5th.** <u>All coaches are required to take the online Coaches</u> <u>Certification at www.aautaekwondo.org prior to this event.</u> Only those coaches certified to coach will be allowed to coach athletes.

NAME_____

AAU MEMBERSHIP NUMBER _____

NAME OF MARTIAL ARTS SCHOOL

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