

2014 Tae Kwon Do Gold Coast Championships

A.A.U. Sanctioned Qualifier for Nationals & Junior Olympics

COMPETITION VENUE: Broward Convention Center

1950 Eisenhower Blvd
Fort Lauderdale, FL 33316

High Level Officials

8- 7 X7 Meter Matted Rings

KP&P E-hogs will be used for ALL 10-32 Black Belts

COMPETITION DATE: Saturday May 17th, 2014

Pre-announced staging times

Top 8 Qualify for Nationals & J.O.'s

Bare Essentials Sports medicine/Medics

Coach's

- * Must be certified in 2014
- * Must wear proper attire
- * Must have floor pass

Athletes

- * Must Be a 2014 AAU member
- * Can register on site Friday only
- * No on site registration Saturday
- * May check in /weigh in Friday
- * May Check in Saturday before staging time



Athlete Arrival

Early check in Friday night
5:30- 9:00 p.m. At venue
Please see staging times for
competition for Saturday.

COMPETITION TIME:

Athlete check-in begins at 8:00 a.m. on Saturday
Officials Meeting - 9:00 a.m.

Awards – Forms medals for 1, 2,3,4 Sparring medals for 1,2,3,3

ENTRY FEES: 1 or 2 events \$ 74.00

Coach floor Pass \$ 25.00

You may register on site at the State Venue Friday night 6-9 p.m with a \$ 15.00 late fee.

NO ON-SITE REGISTRATION ON SATURDAY May 17th

Register on line for the event at www.AAUsports.org

Novice, Intermediate, Advanced and Black Belt Divisions

One or Two Events.....\$74.00

Black Belt Team Forms Team Fee.....\$25.00 per Team

Spectators – 5 and under Free , 6-17 \$5.00 , 18 + \$ 10.00

REGISTRATION ENTRY DEADLINE:

You must be a 2014 A.A.U member. Applications mailed must be postmarked by May 15th, 2014

Register at www.aausports.org for 2014 AAU membership* NO on site AAU membership

PAYMENT INFO:

Money Order, Cashiers check, Cash, - Only. **NO Checks** Payable to: TOBY OLIVER

TOURNAMENT DIRECTOR:

Toby Oliver www.tkdchampion.com.com

tobywct@hotmail.com

12801 Commonwealth Dr #15
Fort Myers, FL 33913

Florida AAU State Tae Kwon Do Championships

May 17th, 2014

(APPLICATION will be REJECTED if ALL info is not Filled in!)
INDIVIDUAL COMPETITORS APPLICATION FORM
(Please Print Clearly or Type)

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

E-Mail Address: _____ Phone # (_____) _____

Date of Birth ____/____/____ Your Competition Age (as of 12/31/2014) _____

Check Competitions you wish to participate in: _____ Forms _____ Point Sparring (karate) **OR** _____ WTF Olympic Sparring

Competition Weight _____ lbs. (**Must be filled in and correct**) Gender: _____ Male _____ Female

Competition Rank _____ Novice _____ Intermediate _____ Advanced _____ Black (_____ Dan)
(White, Yellow, Orange) (Green, Purple, Blue) (Red, Brown)

AAU Association: -FLORIDA or OTHER 2014 AAU# (required) _____
www.aausports.org **Pending is not accepted**

Tae Kwon Do School Affiliation:

Head Instructor _____ AAU Club Code _____
NOT REQUIRED

School Name _____

School Address _____

E-Mail Address _____ Phone # (_____) _____

All athletes, coaches, & officials must be current AAU members and be able to present a valid AAU card at check in

Competition Fee:

***All Ranks - One or Two Events \$ 74.00**

Make payable to: TOBY OLIVER Money Order, Cashiers check ,Cash, - ONLY.
NO Checks. There will be NO REFUNDS issued.

Mail To: Toby Oliver, 12801 Commonwealth Dr #15, Fort Myers, FL 33913 (before May 15th, 2014)

In consideration for the acceptance of this application which is voluntarily submitted by me, I intend to be legally bound hereby for myself, executors, and administrators and do waive and release any and all rights and claims for physical, mental, and emotional damages or death which I might have against the AAU, Toby Oliver, World Championship Taekwondo, Inc., Spectators, Officials, Athletes, Broward County Convention Center, City of Fort Lauderdale and any others connected with this event for any and all injuries suffered, damages, actions, or causes, or causes of actions, whatsoever, to my person or property. I fully understand all dangers involved in competition. I hereby certify that I know and understand the rules, policies, and code of conduct for AAU Tae-Kwon-Do. I also state that I will abide by all the rules and regulations as set forth by the tournament director and acknowledge that my failure to do so may result in my immediate expulsion without refund or any money paid.

Competitors Signature (or Parent/Legal Guardian if Competitor is under 18 years of Age)

Date

Florida State AAU Championships
May 17th, 2014

BLACK BELT TEAM FORMS

(3- Person teams 17 and under or 18 +)

REGISTRATION

ENTRY FEE: **\$25 Per Team**

AAU MEMBERSHIP: **All athletes, coaches, & officials must be current AAU members and be able to Present a valid AAU card at check in.**

Please refer to the official AAU Tae-Kwon-Do Handbook for information regarding Team make-up and order of competition.

TEAM MEMBERS

First Name, M.I., Last Name

Age

AAU#

1) _____

2) _____

3) _____

Representing: _____ (School)

TEAM CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Best Time to Reach _____

E-Mail Address: _____

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. I understand that each athlete is responsible for producing an AAU Membership card (or apply for) at check in / registration and that they each 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 Contact Signature

Date