

# AAU Kentucky State Championship



**SATURDAY, MAY 17<sup>th</sup>, 2014**

Dixie Heights High School  
3010 Dixie Highway  
Fort Mitchell, KY 41017

Doors open at 8:30  
Coaches meeting at 9:30  
Opening ceremonies begin 10:00

Hosted by Master Jamie Hamilton (Ahn Taekwondo Institute) and

Independence Taekwondo

Sanctioned by the AAU

## **AAU Taekwondo Kentucky District Championship**

### **~Athlete Registration Form~**

**Mail Completed Form Along with Payment (Money Order – NO Checks) to:**

**Master Jamie Hamilton, 11100 Kenwood Rd., Cincinnati, OH 45242**

**PRE-REGISTRATION PRICE = \$55.00 for 2 events**

**IF POSTMARKED BY May 3, 2014**

**Postmarked between May 3rd and May 12th – Add a \$10 late fee. Late registrations, including at the door, will be accepted for an additional \$25 fee (total \$90). REGISTER ONLINE AT [www.kentuckyaaautkd.org](http://www.kentuckyaaautkd.org)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ (As of Aug 31<sup>st</sup>, 2014) Weight: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Rank: \_\_\_\_\_

Taekwondo School: \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Instructor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Your 2014 AAU Membership Number:** \_\_\_\_\_

\*Please note: This application will be rejected without your 2014 AAU membership number.

You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2014 AAU membership number.

Please have your 2014 card or a copy of your 2014 card available at the door.

**\*Please mark the level of competition you are entering:**

\*You may compete at ONLY ONE level of competition.

Junior (5-17) \_\_\_\_\_ Senior (18-32) \_\_\_\_\_ Executive (33-42) \_\_\_\_\_ Ultra (43-Up) \_\_\_\_\_

**\*Please mark the events you are entering:**

**Individual Forms:** \_\_\_\_\_

**Olympic Sparring:** \_\_\_\_\_ **Point Sparring:** \_\_\_\_\_

\*You must choose EITHER Olympic OR Point Sparring

#### **Liability Waiver:**

I, the undersigned, for myself, my heirs, administrators and assigns, do hereby covenant and agree as follows, I hereby assume all risk of any personal injury which may result from activities in which I engage at the 2014 AAU Kentucky Taekwondo District Championship, including supervised and unsupervised activities, that I for myself, my heirs, administrators and assigns, do hereby release the Amateur Athletic Union, Dixie Heights High School, Kenton County Board of Education, Independence Taekwondo, Ahn Taekwondo Institute, Jamie Hamilton Begley, all coaches, officials, individually or collectively, from all liability, including claims at law or in equity for any injury, fatal or otherwise, mental or emotional damages, which may result directly or indirectly from my traveling to, participating in, or returning from said tournament or related functions. I understand that Taekwondo is a contact sport with a risk of serious injury to me, or my children who may enter said tournament. I also assume all risk of my personal property at the tournament premises if lost or stolen. I also understand there are absolutely no refunds. I have read and fully understand the above waiver and agree with its terms.

\_\_\_\_\_  
Competitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if under 18 years of age

\_\_\_\_\_  
Date

**Master Jamie Hamilton  
11100 Kenwood Rd.  
Cincinnati, OH 45242  
513-791-8888  
[ahntkd@earthlink.net](mailto:ahntkd@earthlink.net)**

## **AAU Taekwondo Kentucky District Championship**

### **~Coach Registration Form~**

**Mail Completed Form Along with Payment (Money Order – NO Checks) to:**

**Master Jamie Hamilton, 11100 Kenwood Rd., Cincinnati, OH 45242**

**As coaches and officials are vital to the success of any tournament, we would like to invite our coaches to attend this event at no charge.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ (As of Aug 31<sup>st</sup>, 2014) Rank: \_\_\_\_\_

TaeKwonDo School: \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Instructor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Your 2014 AAU Membership Number:** \_\_\_\_\_

\*Please note: This application will be rejected without your 2014 AAU membership number.

You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2014 AAU membership number.

Please have your 2014 card or a copy of your 2014 card available at the door.

**\*\*Your 2013 AAU Coaches Number:** \_\_\_\_\_

**\*\*You must complete the online Coaches clinic for 2014 to coach at this event.**

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\_\_\_\_\_  
Competitor Signature

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Date

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Signature of Parent or Guardian if under 18 years of age

\_\_\_\_\_  
Date

**Master Jamie Hamilton  
11100 Kenwood Rd.  
Cincinnati, OH 45242  
513-791-8888  
ahntkd@earthlink.net**

## **AAU Taekwondo Kentucky District Championship**

### **~Officials Registration Form~**

Mail Completed Form to:

Master Jamie Hamilton, 11100 Kenwood Rd., Cincinnati, OH 45242

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Your Current Rank: \_\_\_\_\_ Referee Level: \_\_\_\_\_

Taekwondo School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Your 2014 AAU Membership Number:** \_\_\_\_\_

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