



# 2010 AAU SOUTHWEST DISTRICT QUALIFIER

## MAY 22, 2010

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COMPETITION VENUE: 4141 SPRING VALLEY ROAD \*ADDISON\* TEXAS 75001

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**Awards:** Medals will be awarded to first four places.

### **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
- b) Forearm pads (cloth & pad only, no plastic)
- c) AAU approved Head Gear
- d) Shin & Instep (cloth & pad only, no plastic)
- e) 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:** Greenhill School  
4141 Spring Valley Rd.  
Addison, Texas 75001

**Date:** Saturday, May 22, 2010

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

**Entry Fee:** Any 2 events = \$65 Any 3 events \$75

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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 8-31-10)

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 MAY 14, 2010!!!**

Any application postmarked between May 14, 2010 and May 19, 2010 will be assessed a \$25.00 Late Processing Fee. NO applications postmarked after May 19, 2010 will be accepted. ABSOLUTELY No applications will be accepted at the door!!! There will be no refund issued.

Applications must include:

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

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

**GT SPORT TAEKWONDO  
4101 E. PARK #160  
PLANO, TEXAS 75074**

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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 "RELEASES" 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), GT Sport Taekwondo Tae Kwon-Do, Plano Independent School District, Greenhill School Phillip Gym, 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 "RELEASES" 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 "RELEASES" 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 RELEASES 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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COMPETITION VENUE: 4141 SPRING VALLEY ROAD \*ADDISON\* TEXAS 75001

### 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 2010 Officials clinic prior to the event. I also understand that an upgrade in certification will be contingent solely upon my performance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**AAU Rules Will Apply**

**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 venue 30 min prior to staging 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)

### **HOTEL**

**Fairfield Inn and Suites Marriott**  
**13900 Parkside Center Blvd.**  
**Farmer Branch, Texas 75244**  
**(972) 661-9800**

<b>Double bed</b>	<b>\$69</b>
<b>King</b>	<b>\$59</b>
<b>Suite</b>	<b>\$79</b>

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### COACHES REGISTRATION FORM

**\$15.00** Coaches Floor Fee (must have AAU coaches card to get on floor)

**You must complete 2010 AAU Coaches clinic online. A Valid 2010 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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