

Kees Tae Kwon Do Spring 2012 Okanagan Invitational
Saturday May 5, 2012
Kelowna, British Columbia, Canada

EVENT INFO

Location

Spring Valley Middle School
350 Ziprick Road, Kelowna, BC

Start Time

10 AM (doors open at 9:30 AM)

Admission

\$5 (children six and under FREE)

Events

Poomse
Pair Poomse
Team Poomse
Sparring
High Jump Front Kick
Flying Side for Distance
Power Breaking (sliding side to rebreakableboards)
Weapons and Creative Forms

As a sign of respect for the environment and to ensure equality for all contestants, we use padded, re-breakable boards and a specialized board-holding machine for the Breaking Competition. Contestants will be eliminated after three failed attempts in each event. Contestants may enter one, two, or all events.

Athlete Registration

\$50 for One Event, \$10 for each event after that.

NOTE: registration deadline is May 2/2012. There is an additional \$10 fee for those who register late or at the door.

Divisions

- Breaking Competition.
- Freestyle Weapons Form. The divisions may be further divided up by weapon type based on the number of participants. The athlete must provide their own weapon and any traditional martial arts weapon may be utilized. The Weapons Poomse must be a maximum of one minute and be comprised of a minimum of 80% weapon techniques. The remaining 20% may be empty-hand and foot techniques.
- High Jump Front Kick/Flying Side for Distance.
- Poomse/Form/Pattern. The Poomse competition will be categorized by the specific Poomse/form/pattern that the athlete will be performing, regardless of belt rank.
- Kyorogi/Sparring. Colour and black belt divisions will be established based on age, belt rank and weight.
All Divisions will follow Single-Elimination Format.
Divisions may be adjusted and altered according to the number of participants.

Awards

Medals for first, second and third place finishers



KEES
tae kwon do

www.kees.ca

Kees Tae Kwon Do Spring 2012 Okanagan Invitational
Saturday May 5, 2012
Start Time : 10AM
Kelowna, British Columbia, Canada
ATHLETE APPLICATION FORM

Personal Information

First Name:		Last Name:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth: / /	mm/dd/year
Belt:	Kukkiwon#:	Weight:	Height: <i>Please Be Accurate</i>
Taekwondo School/Club Name:		Grandmaster/Master:	Instructor:
Home Address:		City:	Province: Postal Code:
Telephone: ()		Email:	
Emergency Contact Name:		Phone: ()	
<input type="checkbox"/> Complete Medical Fitness Form (must be included)			

Select Your Events

<input type="checkbox"/> Poomse	<input type="checkbox"/> Pair Poomse	<input type="checkbox"/> Team Poomse
<input type="checkbox"/> Sparring	<input type="checkbox"/> High Jump Front Kick	<input type="checkbox"/> Flying Side For Distance
<input type="checkbox"/> Power Breaking <i>(sliding side to rebreakableboards)</i>	<input type="checkbox"/> Weapons and Creative Forms	

Liability Waiver

I, the undersigned, in consideration of my participation in the Kees Tae Kwon Do Spring 2012 Okanagan Invitational, agree to indemnify and hold Master Trevor Warkentin, the Organizing Committee, KEES Taekwondo Inc., all members of the Invitational, or their respective officers, agents, representatives, successors, and/or assignees and other competitors, harmless and release them from any and all liability for any injury or illness which may be suffered by the undersigned registered in the Kees Tae Kwon Do Spring 2012 Okanagan Invitational, arising out of, or in any way connected with participation in the Kees Tae Kwon Do Spring 2012 Okanagan Invitational, or which may arise out of traveling to participate in and return from this athletic event.

I have read the above application and agreement and I fully understand that I assume all risks for any injuries received. I understand that WTF Taekwondo is a full-body contact sport and I further understand all the contents of the rules and general information published and agree with them in their entirety. I further agree that any pictures taken of me in connection with the said championship may be used by KEES Taekwondo Inc. for publicity or promotion without compensation at this or any other time.

Athlete Signature:	Date:
Guardian Signature (if under 18 yrs):	Date:
Master/Instructor Signature:	Date:

Registration

Number of Events : 1-\$50 2-\$60 3-\$70 4-\$80 5-\$90 6-\$100 7-\$110 8-\$120
NOTE: registration deadline is May 2/2012. There is an additional \$10 fee for those who register late or at the door.

Make certified cheque or money order payable to **Kees Tae Kwon Do Spring 2012 Okanagan Invitational** (NSF FEE - \$25).

Send to: Kees Tae Kwon Do Spring 2012 Okanagan Invitational c/o KEES Taekwondo
228-1891 Springfield Road
Kelowna, BC V1Y 5V5

t: 250 763 5597
e: okanagan@kees.ca



Office Use Only

Received / /12
<input type="checkbox"/> ID
<input type="checkbox"/> Paid V MC CS MO CQ#

KEES
tae kwon do
www.kees.ca

Kees Tae Kwon Do Spring 2012 Okanagan Invitational
Saturday May 5, 2012
Kelowna, British Columbia, Canada
CREDIT CARD PAYMENT AUTHORIZATION

Athlete Information

First Name:	Last Name:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Age:	Email:
Taekwondo School/Club Name:	Location:
Grandmaster/Master:	Instructor:

Check the events you are registering in

<input type="checkbox"/> Poomse	<input type="checkbox"/> Pair Poomse	<input type="checkbox"/> Team Poomse
<input type="checkbox"/> Sparring	<input type="checkbox"/> High Jump Front Kick	<input type="checkbox"/> Flying Side For Distance
<input type="checkbox"/> Power Breaking <i>(sliding side to rebreakableboards)</i>	<input type="checkbox"/> Weapons and Creative Forms	

Payment Summary

For your convenience, MasterCard and Visa credit cards will be accepted for payments. There will be a \$2 service fee to pay by credit cards (NSF FEE - \$25).

One event	\$ 50
Two events	\$ 60
Three events	\$ 70
Four events	\$ 80
Five events	\$ 90
Six events	\$ 100
Seven events	\$ 110
Eight events	\$ 120
Credit Card Surcharge	\$ 2

NOTE: registration deadline is May 2/2012. There is an additional \$10 fee for those who register late or at the door.

Billing Information

Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Card Number:	Expiration Date:
Name on Card:	
Credit Card Billing Address:	

I authorize the Kees Tae Kwon Do Spring 2012 Okanagan Invitational Organizing Committee to charge my Credit Card (as shown above).

Signature:	Date:
------------	-------



KEES
tae kwon do

www.kees.ca

**Kees Tae Kwon Do Spring 2012 Okanagan Invitational
Saturday May 5, 2012**

Kelowna, British Columbia, Canada

ATHLETE MEDICAL FITNESS FORM

This Form Must Be Completed Or Your Application To Compete Will Not Be Accepted

Personal Information

First Name:				Last Name:			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:	Date of Birth:	/	/	mm/dd/year		
Home Address:	City:	Province:	Postal Code:				
Telephone: ()	Email:						
Provincial Health Card or Medical Card #:	Expiry Date (if applicable):	/	/	mm/dd/year			
Emergency Contact Name:	Phone: ()						

I fully understand that any medical treatment given to me during the Kees Tae Kwon Do Spring 2012 Okanagan Invitational will be by a licensed medical doctor, EMT or Paramedic or certified First Aid Attendant. I hereby give permission that in case of emergency (in the opinion of a certified professional) that I may be transported at my own expense to the hospital by ambulance for further treatment as a precautionary measure.

Medical Information

1. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past six months?

Yes No

2. If you answered 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 ___ seeing flashing lights

3. Of the above symptoms, do you still experience any of these?

Yes No

4. 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.

Athlete Signature:	Date:
Guardian Signature (if under 18 yrs):	Date:

Send to: 2012 Kelowna Kees Tae Kwon Do Invitational
c/o KEES Taekwondo
228-1891 Fallfield Road
Kelowna, BC V1Y 5V5

t: 250 763 5597
e: okanagan@kees.ca



KEES
tae kwon do

www.kees.ca

Office Use Only

Received / /12