

# 2014 tiger challenge tournament

november 15, 2014

King's University College  
Edmonton, Alberta

**TIGER**  
TAEKWONDO

For more information call  
(780) 432.0721  
[www.tigertaekwondo.com](http://www.tigertaekwondo.com)



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Edmonton, AB T6E 4C3  
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Website : [www.tigertaekwondo.com](http://www.tigertaekwondo.com)

September 19th, 2014

Dear Masters, Instructors and Competitors,

**Re: 2014 Tiger Challenge Tournament**

It is my pleasure to invite you and your students to participate in our **13<sup>th</sup> Annual Tiger Challenge** to be held on Saturday, November 15th, 2014 at the King's University College in Edmonton. **This event has been sanctioned by the Alberta Taekwondo Association as an Alberta Black Belt Ranking Point Tournament.**

Athlete registrations can be mailed or faxed to Tiger Taekwondo. The **deadline to register is November 13th**; to ensure a smooth running tournament, registrations received after this date **will not be accepted**.

Enclosed is our information package including details on the tournament, accommodations and registration forms. Tournament information is also available on our website at [www.tigertaekwondo.com](http://www.tigertaekwondo.com). Please feel free to contact our school if you have any questions or require further information.

Sincerely,

A handwritten signature in blue ink, appearing to be "Su Hwan Chung", written in a fluid, cursive style.

Grandmaster Su Hwan Chung  
Tiger Taekwondo



# 2014 Tiger Challenge Information Sheet

- Date:** **Saturday, November 15th, 2014**  
9:30am Children Color Belt (15 & under) and Children Black Belt (11 & under)  
Poomsae & Sparring  
1:00pm Black Belts (12 & over) & Adult Color Belt (16+ Yrs) Poomsae  
1:30pm Black Belts (12 & over) & Adult Color Belt (16+ Yrs) Sparring
- Sanctioned by:** **The Alberta Taekwondo Association as an Alberta Black Belt Ranking Point Tournament**
- Place:** **King's University College**  
9125 - 50 Street, Edmonton Phone: 780-465-8323
- Registration:** **DEADLINE Thursday, November 13th**  
Mail registrations with a cheque to: 7619 – 104 Street, Edm T6E 4C3  
Fax 'Athlete Registration Summary' with a Visa/MC # to: (780) 432-2440  
**NOTE:** Registrations **will not** be accepted after the deadline date.
- Registration Fee:** **\$60.00 for one event - \$70.00 for two events**
- Weigh-Ins:** **Black Belt weigh-ins will be held at the Venue from 12:00pm - 1:00pm (2 attempts).** As an Alberta Black Belt Ranking Point Tournament, failure to make weight in the registered division will result in disqualification.
- Accommodation:** **Four Points by Sheraton, 7230 Argyll Road, Edmonton, Alberta**  
Telephone: 1-780-465-7931 Quote 'TTN14G' for bookings  
**Rate: \$140.00 + taxes (non-smoking 2 Queens, includes breakfast)**
- Eligibility:** All competitors must be members of an established WTF School.
- Rules:** **Olympic WTF Rules**  
**Exception - NO HEAD CONTACT FOR:**  
  - ✓ Children (15 Yrs & Under) Color Belt Divisions
  - ✓ Children Black Belt (11 Yrs & Under) Divisions
  - ✓ Adult (16 Yrs+) Green Belt and Under Divisions
  - ✓ Senior (30 Yrs+) Color & Black Belt Divisions
- Equipment:** Competitor must provide his/her own protective equipment: arm, foot, groin, head, chest guards and **mouthguards** are **mandatory**.
- Admission:** \$5.00 at the door (6 yrs and under free) - entry for door prizes with paid admission.



# 2014 Tiger Challenge - Registration Form

Saturday, November 15, 2014 King's University College, Edmonton

**DEADLINE FOR REGISTRATION: Thursday, November 13th**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Birthdate \_\_\_\_\_ Age\* \_\_\_\_ Sex \_\_\_\_ Height\*\* \_\_\_\_ cm Weight\*\* \_\_\_\_ kg  
(day / month / year)

\*\*Height & weight measurements must be **accurate**; divisions for Color Belt (15 years & under) will be made based on the sum of weight and height.

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Color Belt \_\_\_\_\_ Black Belt Poom/Dan \_\_\_\_\_

Name of TKD School \_\_\_\_\_ Phone \_\_\_\_\_

**I wish to compete in (circle one) POOMSAE SPARRING\* BOTH**

\*If you are a **Black Belt 30 Years & Older** and you are **sparring**, choose either:  
\_\_\_\_\_ Adult Division \_\_\_\_\_ Master Division (**NO** Head Contact)

**Fee for single event: \$60.00 \_\_\_\_\_ Two events: \$70.00 \_\_\_\_\_**  
(Please make cheques payable to 'Tiger Taekwondo')

Visa/MC: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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## PLEASE READ CAREFULLY BEFORE SIGNING

I, the undersigned, hereby submit my application for registration in this Taekwondo tournament. I voluntarily assume all risks in any way connected with my participation in the said Tournament and hereby waive all claims howsoever caused, including negligence, against any and all persons, and any and all organizations and tournament officials connected with the above tournament, for any injuries or damages that I may sustain during my participation in this tournament. I also assume full responsibility for my actions and conduct during and in connection the said tournament.

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

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications and I consent to his/her participation in the above tournament.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Medical Fitness to Compete

**This form MUST BE COMPLETED or your Application to compete will NOT be accepted.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ AHC# \_\_\_\_\_

1. 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.

Signed \_\_\_\_\_

Under 18 years, Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

2. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past 6 months?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

3. If **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	

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

\_\_\_\_\_ YES                      \_\_\_\_\_ NO



# 2014 Tiger Challenge Referee Application Form

Last Name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Belt Rank \_\_\_\_\_ Instructor \_\_\_\_\_

Name of TKD School \_\_\_\_\_

**Present Referee Class:** (Please check appropriate line)

Provincial:    \_\_\_ "P" Class        \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

National:        \_\_\_ "P" Class        \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

International:    \_\_\_ 3<sup>rd</sup> Class        \_\_\_ 2<sup>nd</sup> Class        \_\_\_ 1<sup>st</sup> Class

Please Fax your Application to: (780) 432-2440