

**TIGER**  
TAEKWONDO



**2016 TIGER  
CHALLENGE  
TOURNAMENT**

**November 19<sup>th</sup>, 2016**

**Garrison Military  
Fitness Centre  
Edmonton, Alberta**

**FOR MORE INFORMATION CALL  
(780) 432-0721  
[www.tigertaekwondo.com](http://www.tigertaekwondo.com)**



7619 – 104 Street  
Edmonton, AB T6E 4C3  
Phone: (780) 432-0721 Fax : (780) 432-2440  
Email: tigerwtftkd@gmail.com  
Website : [www.tigertaekwondo.com](http://www.tigertaekwondo.com)

September 26, 2016

Dear Masters, Instructors and Competitors,

**Re: 2016 Tiger Challenge Tournament**

It is my pleasure to invite you and your students to participate in our **15<sup>th</sup> Annual Tiger Challenge** to be held on Saturday, November 19th, 2016 at the Edmonton Garrison Military Fitness Centre. **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 16th**; 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,

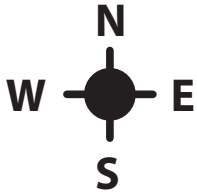
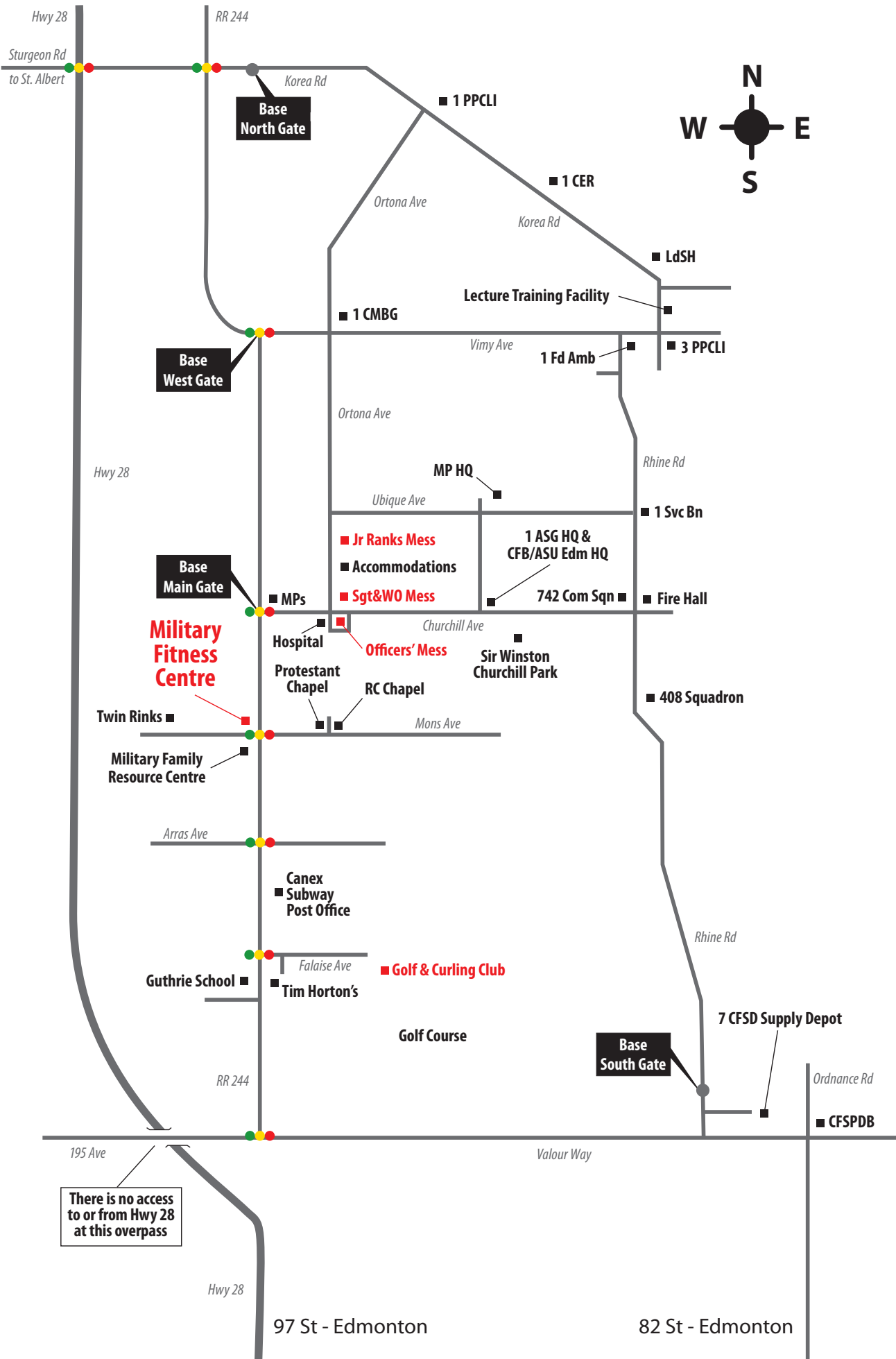
A handwritten signature in blue ink, appearing to be "Su Hwan Chung", written in a fluid, cursive style.

Grandmaster Su Hwan Chung  
Tiger Taekwondo



# 2016 Tiger Challenge Information Sheet

- Date:** **Saturday, November 19th, 2016**  
ALL Color Belt Divisions begin at 10:00am  
ALL Black Belt Poomsae Divisions begin at 10:00am  
ALL Black Belt Sparring Divisions begin at approximately 2:00pm
- Sanctioned by:** **The Alberta Taekwondo Association as an Alberta Black Belt Ranking Point Tournament**
- Place:** **Edmonton Garrison Military Fitness Centre (see attached map)**  
185 Range Road 244, Sturgeon County, AB T8T 0E9
- Registration:** **DEADLINE Wednesday, November 16th**  
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:** **Fairfield Inn & Suites, 581 Griesbach Parade NW, Edmonton**  
Telephone: 1-780-540-5100 Ask for 'Tiger Challenge' rate.  
**Rate: \$120.00 + 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**. Black Belt sparring competitors will require KP&P electronic socks.
- Admission:** \$5.00 at the door (6 yrs and under free) - entry for door prizes with paid admission.



There is no access to or from Hwy 28 at this overpass



# 2016 Tiger Challenge - Registration Form

Saturday, November 19th, 2016    Edmonton Garrison Military Fitness Centre

**DEADLINE FOR REGISTRATION: Wednesday, November 16th**

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



# 2016 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