



**Low Taekwon-Do Academy
AAITF Selections for 9th Junior & 4th Veteran
ITF World Championships in 2010**



INDIVIDUAL COMPETITOR'S REGISTRATION FORM

| | | | |
|-------------|---|--|--|
| Date | Saturday 5th Dec 2009 | Venue | Trinity College, Trinity Avenue, East Perth WA 6004 |
| Time | 8:15 a.m. START | * All competitors must also complete a Medical Form | |

* Complete all items below

| | | | | | | |
|------------------------------|-----|---------------|----------------------|---------------------------|--|---|
| Name | | | | M / F (circle one) | Staple 2 passport size photos w/ name on the back to your Application form | |
| Address | | | Suburb / City | | | |
| State | | P/Code | | Country | | |
| Phone | | Mobile | | | | |
| Email | | | | | | Or email digital image in (*.jpeg) format |
| Club | | | Instructor | | | |
| Australian Passport # | | | EXP date | | | |
| D.O.B | / / | Age | yrs | Rank | Gup/Degree | |
| Weight | kg | Height | cm | ITF Cert# | | |

EVENTS (please tick)

| | | | | | |
|---|--------------------------|-----------------------|--------------------------|---|--|
| Individual Sparring | <input type="checkbox"/> | Team Sparring | <input type="checkbox"/> | REGISTRATION FEE | Registration closes 13th Nov |
| Individual Patterns | <input type="checkbox"/> | Team Patterns | <input type="checkbox"/> | SELECTIONS only: AUD \$ 60.00 | |
| Special Techniques | <input type="checkbox"/> | Power Breaking | <input type="checkbox"/> | Cheque/Money Orders payable to: Ming T Low | |
| Team Name | | | | Mail entries to: | |
| Competitors entering team events require both team registration <u>and</u> individual registration forms completed. | | | | Senior Master Low Ming Tuck | |
| | | | | Tournament Director PO BOX 252 Darlington Perth WA 6070 | |
| | | | | P: (08) 9294 1335 | Office use |
| | | | | M: 0412 617 335 | |
| | | | | E: mlow@lowtkd.com | |

* SPECTATOR FEE: \$ 5.00 (15year+) Family Concession Available



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Please tick the division(s) relevant to you for selection.

| Junior Male | | Junior Female | |
|--------------------|--|----------------------|--|
| Up to 45 kg | | Up to 40 kg | |
| Over 45 to 51 kg | | Over 40 to 46 kg | |
| Over 51 to 57 kg | | Over 46 to 52 kg | |
| Over 57 to 63 kg | | Over 52 to 58 kg | |
| Over 63 to 69 kg | | Over 58 to 64 kg | |
| Over 69 to 75 kg | | Over 64 to 70 kg | |
| Over 75 kg | | Over 70 kg | |

| Veteran Male | | Veteran Female | |
|-------------------------|--|-------------------------|--|
| Micro-up to 64 kg | | Micro-up to 54 kg | |
| Light-over 64 to 73 kg | | Light-over 54 to 61 kg | |
| Middle-over 73 to 80 kg | | Middle-over 61 to 68 kg | |
| Heavy-over 80 to 90 kg | | Heavy-over 68 to 75 kg | |
| Hyper-over 90 kg | | Hyper-over 75kg | |

| Male Individual Pattern | | Female Individual Pattern | |
|--------------------------------|--|----------------------------------|--|
| 1 st Degree | | 1 st Degree | |
| 2 nd Degree | | 2 nd Degree | |
| 3 rd Degree | | 3 rd Degree | |
| 4 th Degree | | 4 th Degree | |
| 5 th Degree | | 5 th Degree | |
| 6 th Degree | | 6 th Degree | |

| Male Individual | | Female Individual | |
|------------------------|--|--------------------------|--|
| Special Technique | | Special Technique | |
| Power Breaking | | Power Breaking | |

| Male Team | | Female Team | |
|----------------------|--|----------------------|--|
| Sparring | | Sparring | |
| Patterns | | Patterns | |
| Special Technique | | Special Technique | |
| Power Breaking | | Power Breaking | |
| Self Defence Routine | | Self Defence Routine | |

Note: Competitors entering team events, please fill in a Team Registration and Individual Registration Form.



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MEDICAL FORM

MEDICAL INFORMATION & AUTHORISATION FOR EMERGENCY TREATMENT AND CONDITIONS OF UNDERTAKING ACTIVITY

SECTION ONE: Participant's Personal Details *(Information held in confidence)*

| | |
|--|---|
| First Name | Last Name |
| D.O.B / / | Male / Female <i>(circle one)</i> |
| Address | |
| Suburb/City | Post Code |
| Country | Home Phone |
| Email | |
| Work Phone/Mobile | |
| Emergency Contact (Name) | Relationship to you |
| Home Phone | Work/Mobile |
| Name of Family Doctor | Work Phone |
| Are you an International Competitor? Yes / No | |
| Medicare Number | Other Health Care? <i>(Please Specify)</i> |
| Blood Group <i>(if known)</i> | |

SECTION TWO: Participant's Medical History

Please indicate if you have suffered or suffer from any of the following conditions:

| | | |
|--------------------------------------|----------------------------------|------------------------|
| High Blood Pressure | Dizzy Spells or Blackouts | Migraines |
| Low Blood Pressure | Sleepwalking | Travel Sickness |
| Fits of any type | Asthma | Haemophilia |
| Heart Conditions | Diabetes | |
| Other <i>(please specify)</i> | | |

Please specify any **Known Allergies** (eg. penicillin, other drugs, foods, plants, animals). Give details describing seriousness, nature of reaction and necessary treatment:

Are you able to receive **Blood Transfusions**? (Yes or No):

Which year did you have your last **Tetanus Immunisation** or booster?

Please specify **Medication** that you may be taking during the activity (Name and dose of medication):

Have you suffered any recent **Illness or Injuries**? (If Yes, please provide details):



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SECTION THREE: Conditions of Undertaking Activity

Release The undersigned, in consideration of being permitted by the Low Taekwon-Do Academy to compete in the competition DOES HEREBY irrevocably, personally and for his or her heirs, RELEASE the Low Taekwon-Do Academy and Low Ming Tuck from all actions, suits, causes of action, claims and demands whatsoever which the undersigned now has or at any time hereafter may have or which but for the signing of this form might have had against the Low Taekwon-Do Academy or Low Ming Tuck for loss of or damage to property or bodily injury or death, howsoever caused, including negligence, resulting from or arising out of or in any way connected with the trip.

Assumption of Risk The undersigned further states and affirms that he or she is aware that the activity, even under the safest conditions possible, may be hazardous; that he or she has received an activity program outlining planned activities and is aware of potential risks; and that he or she assumes the risk of any and all loss of or damage to property and/or bodily injury or death, howsoever caused, including negligence, resulting from, arising out of or in any way connected with the trip, and that he or she has read and understands all the provisions herein contained.

Indemnity The undersigned hereby agrees to indemnify and keep indemnified the Low Taekwon-Do Academy and Low Ming Tuck, its members, representatives, officers, agents, and employees and each of them against any claim, suit, action or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the undersigned (including criminal, reckless or negligent acts or omissions) whilst participating in or otherwise in connection with the trip.

Competitor Responsibility The undersigned agrees as a representative of ITF to act in an appropriate manner as well as respecting and following all instructions from officials and relevant authorities.

Participant Authorisation for Emergency Treatment

In the event of myself requiring medical attention (or my son or daughter if they are under 18 years of age), I understand that the person in charge of the activity will endeavour to communicate with me concerning the required action. If this is not possible, the person in charge will administer or seek whatever treatment he/she judges to be reasonably necessary.

| | |
|---------------------------------|--------------|
| Participant's Signature: | Date: |
|---------------------------------|--------------|

** Where the Participant is under 18 years of age, his/her Parent or Guardian must complete the following acknowledgement:*

I HEREBY STATE that I have read and understood the provisions of this form and I consent to the participant undertaking the activity/participating in the trip on the terms herein contained. I agree to indemnify and keep indemnified Low Taekwon-Do Academy and Low Ming Tuck, their members, representatives, officers, agents and employees against any claim suit or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the participant (including criminal, reckless or negligent acts or omissions) whilst undertaking the activity/participating in the trip*.

| | |
|-------------------------------------|--------------|
| Parent/Guardian's Name: | |
| Parent/Guardian's Signature: | Date: |



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MALE & FEMALE TEAM REGISTRATION FORM

- Each team must have 5 members.
- Each team member must also complete an *Individual Competitor's Registration* form and a *Medical Form*

| | | | |
|---|------------|----------------------------------|------------|
| MALE Team Event | Club Name: | FEMALE Team Event | Club Name: |
| Please Circle: Pattern / Free Sparring / Both | | | |
| Team Name: | | Team Name: | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| | | | |
| Please Circle: Pattern / Free Sparring / Both | | | |
| Team Name: | | Team Name: | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| | | | |
| Please Circle: Pattern / Free Sparring / Both | | | |
| Team Name: | | Team Name: | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | 4 | |
| 5 | | 5 | |
| | | | |



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MALE / FEMALE SELF DEFENCE REGISTRATION FORM

| MALE | | FEMALE | |
|--|--|--|--|
| <ul style="list-style-type: none"> Each team must have 4 members – One Male versus Three Males Each team member must also complete an <i>Individual Competitor's Registration</i> form and a <i>Medical Form</i> | | <ul style="list-style-type: none"> Each team must have 3 members – One Female versus Two Males Each team member must also complete an <i>Individual Competitor's Registration</i> form and a <i>Medical Form</i> | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | | |
| | | | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | | |
| | | | |
| Competitor Name | | Competitor Name | |
| 1 | | 1 | |
| 2 | | 2 | |
| 3 | | 3 | |
| 4 | | | |
| | | | |



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COACHES AND OFFICIALS LIST

CLUB:

Coaches: *Coaches must complete the Coach Registration Form*

| # | Last Name | First Name |
|---|-----------|------------|
| 1 | | |
| 2 | | |
| 3 | | |

Volunteers for Officiating:

| # | Name | Rank | Competing |
|----|------|------|-----------|
| 1 | | | Yes / No |
| 2 | | | Yes / No |
| 3 | | | Yes / No |
| 4 | | | Yes / No |
| 5 | | | Yes / No |
| 6 | | | Yes / No |
| 7 | | | Yes / No |
| 8 | | | Yes / No |
| 9 | | | Yes / No |
| 10 | | | Yes / No |
| 11 | | | Yes / No |
| 12 | | | Yes / No |
| 13 | | | Yes / No |
| 14 | | | Yes / No |
| 15 | | | Yes / No |

Details Authorised/Verified By:

Name:

Club Position:

Signature:



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COACH REGISTRATION FORM

Coach 1

(Please print clearly. Complete all details.)

| | | | | | |
|----------------|-----|---------------|----------------------|----------------------------------|------------|
| Name | | | | M / F <i>(circle one)</i> | |
| Address | | | Suburb / City | | |
| State | | P/Code | | Country | |
| Phone | | Mobile | | | |
| Email | | | | | |
| Club | | | Instructor | | |
| D.O.B | / / | Age | yrs | Rank | Gup/Degree |
| Weight | kg | Height | cm | | |

Staple 2
passport
size photos
w/ name on
the back

Or email
digital
image in
(* .jpeg)
format

Coach 2

(Please print clearly. Complete all details.)

| | | | | | |
|----------------|-----|---------------|----------------------|----------------------------------|------------|
| Name | | | | M / F <i>(circle one)</i> | |
| Address | | | Suburb / City | | |
| State | | P/Code | | Country | |
| Phone | | Mobile | | | |
| Email | | | | | |
| Club | | | Instructor | | |
| D.O.B | / / | Age | yrs | Rank | Gup/Degree |
| Weight | kg | Height | cm | | |

Staple 2
passport
size photos
w/ name on
the back

Or email
digital
image in
(* .jpeg)
format

Details Authorised/Verified By:

Name:

Club Position:

Signature: