



**Low Taekwon-Do Academy
AAITF Australian National Championship 2009**



INDIVIDUAL COMPETITOR'S REGISTRATION FORM

Date	Sat/Sun 5 th & 6 th Dec 2009	Venue	Trinity College, Trinity Avenue, East Perth WA 6004
Time	8:15 a.m. START	<i>* All competitors must also complete a Medical Form</i>	

Note: Nationals will begin on the 5th Dec. Following the Selections.

*** Complete all items below**

Name				M / F (circle one)		Staple 2 passport size photos w/ name on the back Or email digital image in (* .jpeg) format
Address				Suburb / City		
State		P/Code		Country		
Phone		Mobile				
Email						
Club				Instructor		
D.O.B	/ /	Age		Rank		
			yrs		Gup/Degree	
Weight		Height				
	kg		cm			

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"/>	Individual Events (one or all)	AUD \$ 60.00
Special Techniques*	<input type="checkbox"/>	Power Breaking	<input type="checkbox"/>	Team Events (per event & per team)	AUD \$ 50.00
Team Name				Cheque/Money Orders payable to: Ming T Low	
*Special technique: <i>Jumping Front & Jumping Side Kick Combined</i> <i>Competitors entering team events require both team registration and individual registration forms completed.</i>				Mail entries to:	
				Senior Master Low Ming Tuck Tournament Director PO BOX 252 Darlington Perth WA 6070 P: (08) 9294 1335 M: 0412 617 335 E: mlow@lowtkd.com	
				Office Use	

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



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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:
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** 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 • <i>Each team member must also complete an Individual Competitor's Registration form and a Medical Form</i> 		<ul style="list-style-type: none"> • Each team must have 3 members – One Female versus Two Males • <i>Each team member must also complete an Individual Competitor's Registration form and a 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 (circle one)
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 (circle one)
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: