

TIGER
TAEKWONDO



**2017 TIGER
CHALLENGE
TOURNAMENT**

November 18th, 2017

Garrison Military
Fitness Centre
Edmonton, Alberta

FOR MORE INFORMATION CALL
(780) 432-0721
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

September 15, 2017

Dear Masters, Instructors and Competitors,

Re: 2017 Tiger Challenge Tournament

It is my pleasure to invite you and your students to participate in our **16th Annual Tiger Challenge** to be held on Saturday, November 18th, 2017 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 15th**; 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. Please feel free to contact our school if you have any questions or require further information.

Sincerely,

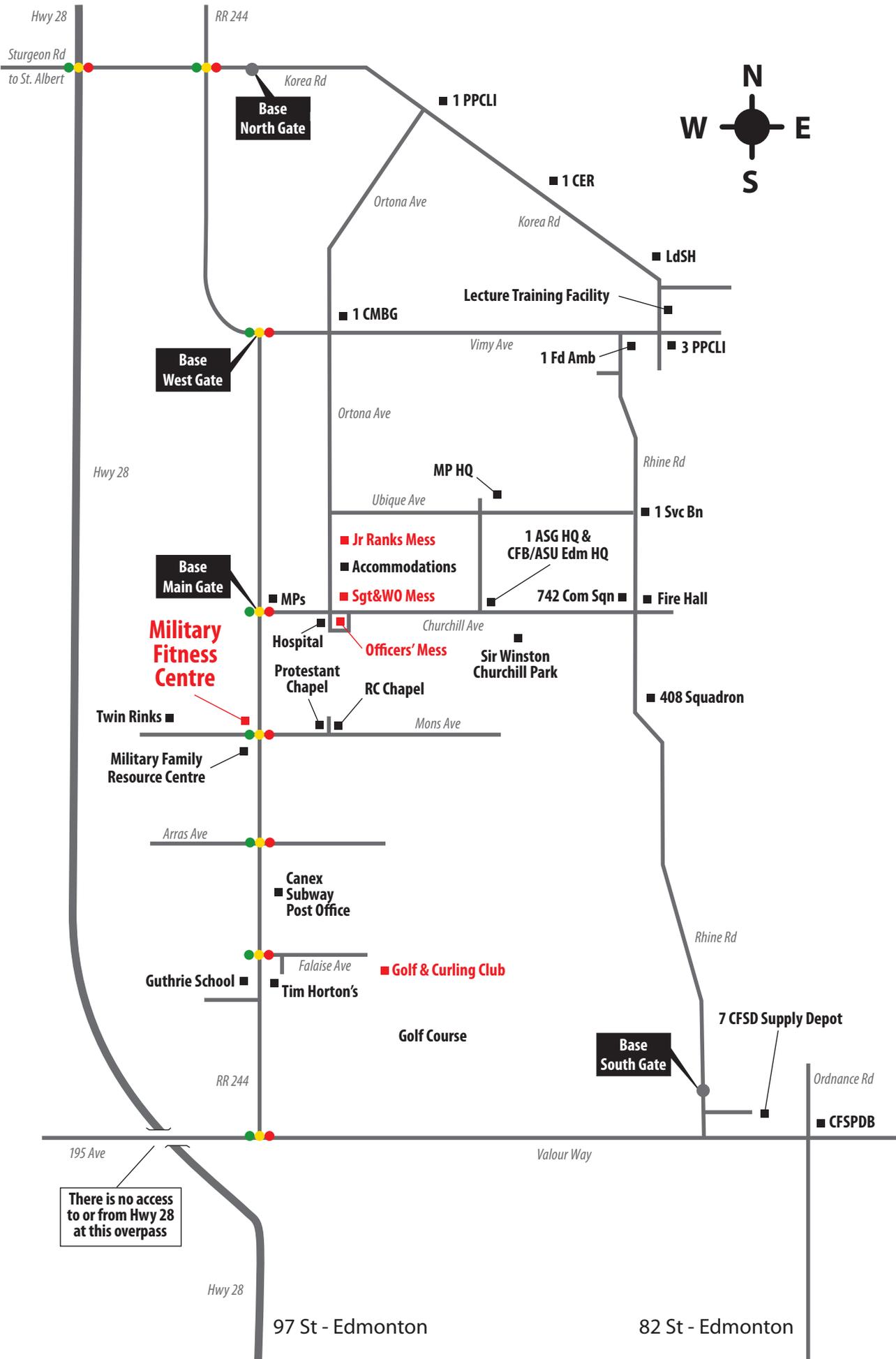
A handwritten signature in blue ink, appearing to be "S. H. Chung", written in a fluid, cursive style.

Grandmaster Su Hwan Chung
Tiger Taekwondo



2017 Tiger Challenge Information Sheet

- Date:** **Saturday, November 18th, 2017**
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 15th**
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

97 St - Edmonton

82 St - Edmonton

2017 Tiger Challenge - Registration Form

Saturday, November 18th, 2017 Edmonton Garrison Military Fitness Centre

DEADLINE FOR REGISTRATION: Wednesday, November 15th

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



2017 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 ___ 3rd Class ___ 2nd Class ___ 1st Class

National: ___ "P" Class ___ 3rd Class ___ 2nd Class ___ 1st Class

International: ___ 3rd Class ___ 2nd Class ___ 1st Class

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