



**2016 AAITF WA Invitational State Championships**  
Hosted by Low Taekwon-Do Academy



**COMPETITOR'S REGISTRATION FORM**

Date	<b>May 29<sup>th</sup> 2016</b>	Venue	<b>Brown Park Recreation Centre, Salisbury Rd. Swan View</b>
Time	<b>8:50 a.m. START</b>	<i>* All competitors must also complete a Medical Form &amp; Waiver</i>	

Note: Competitors must have their own sparring equipment. Groin guard (M), mouthguard, breast guard (F).

Name				M / F	(circle one)	Office Use
Address				Suburb		
Town / City		State		P/Code		
Phone				Mobile		
Email						
Club		Instructor				
D.O.B	/ /	Age	yrs	Rank	Gup / Degree	
Weight	kg	Height	cm	Experience	# of competitions	

**EVENTS** (please tick)

Individual Patterns	<input type="checkbox"/>	Team Patterns	<input type="checkbox"/>	REGISTRATION FEE	Registration closes 25 <sup>th</sup> May
Individual Sparring	<input type="checkbox"/>	Team Sparring	<input type="checkbox"/>	<b>Events (1<sup>st</sup> two events)</b> <b>\$5.00 for extra event/person</b>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>\$65.00</b> </div>
Special Techniques*	<input type="checkbox"/>	Power Breaking	<input type="checkbox"/>		
Self-Defence	<input type="checkbox"/>	Team Name		<i>Entries received on or before to the 18<sup>th</sup> May will be \$55.00 for the 1<sup>st</sup> two events. Fees <u>must</u> accompany completed entry forms. Thank you</i>	
NOVELTY EVENTS # (12 years & under)	<input type="checkbox"/>			<b>FINAL Cut off for entries – 25<sup>th</sup> May</b> <b>REFUNDS – exceptional circumstances only</b>	
<i>* Special technique: Jumping Front &amp; Jumping Side Kick Combined</i> <b># Novelty Events: FUN</b> challenge of fundamental skills strength, balance, accuracy and coordination  <i>Competitors entering team events require <b>both</b> team registration <u>and</u> individual registration forms completed.</i>				<b>Mail entries to:</b> Grand Master Low Ming Tuck Tournament Director PO BOX 252 Darlington Perth WA 6070 M: 0412 617 335 E: mlow@lowtkd.com	
				<b>Due Date:</b> <b>18<sup>th</sup> May, 2016</b>	

	<b>Direct Deposit to: Ming Low National Australia</b> Bank BSB 086 288 / ACCT 541 890 712 <b>Cheques payable to: Ming Low</b>	<b>ENTRY FEES</b> Child \$ 2.00 (≤ 12 years) Standard \$ 5.00 Family \$ 10.00 (Max of 4 people)
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**Medical and Waiver Form**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**RELATIONSHIP TO YOU:** \_\_\_\_\_

**ARE YOU ALLERGIC TO ANY MEDICATION?** \_\_\_\_\_. **IF SO, WHAT?** \_\_\_\_\_

**DO YOU SUFFER FROM ANY OF THE FOLLOWING CONDITIONS: (PLEASE CIRCLE)**

**ASTHMA Y/N    EPILEPSY Y/N    HEART CONDITION Y/N**

**ANY OTHER CONDITION?** \_\_\_\_\_

**ARE YOU CURRENTLY TAKING ANY MEDICATION?** \_\_\_\_\_. **IF SO, WHAT?** \_\_\_\_\_

**NOTE: IT IS THE RESPONSIBILITY OF THE COMPETITORS TO INFORM ORGANISERS & FIRST AID PERSONNEL OF ANY PRE-EXISTING MEDICAL CONDITIONS, AND TO SUPPLY APPROPRIATE MEDICATION IF REQUIRED.**

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**I \_\_\_\_\_ DECLARE THAT ALL THE INFORMATION GIVEN ABOVE IS CORRECT AND GIVE AUTHORITY TO QUALIFIED MEDICAL STAFF TO ADMINISTER ANY TREATMENT THEY FEEL APPROPRIATE, IN THE POSSIBLE EVENT OF INJURY.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / **2016**

**DECLARATION AND WAIVER**

**I, THE UNDERSIGNED, IN CONSIDERATION OF AND AS A CONDITION OF ACCEPTANCE OF MY ENTRY IN THE TOURNAMENT, HOSTED BY "LOW TAEKWON-DO ACADEMY", GRAND MASTER LOW MING TUCK, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY WAIVE ANY AND ALL CLAIMS, RIGHT OR CAUSE OF ACTION WHICH I OR THEY MAY OTHERWISE HAVE FOR OR ARISING OUT OF LOSS OF MY LIFE OR INJURY, DAMAGE OR LOSS OF ANY DESCRIPTION WHATSOEVER, WHICH I MIGHT SUFFER OR SUSTAIN ON THE COURSE OF, OR CONSEQUENT UPON MY ENTRY IN THE SAID TOURNAMENT.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / **2016**

**IF UNDER 18 YEARS OF AGE YOUR PARENT / LEGAL GUARDIAN MUST ALSO SIGN:**

**I CERTIFY THAT I AM THE PARENT / GUARDIAN OF \_\_\_\_\_ WHO WILL BE \_\_\_\_\_ YEARS OF AGE ON THE DAY OF THE COMPETITION, AND HAS MY CONSENT TO COMPETE IN THIS EVENT. I HAVE CHECKED THAT ALL INFORMATION ON THIS FORM IS CORRECT, AND UNDERSTAND THE CONDITIONS OF ENTRY.**

**PARENT'S / GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_ / \_\_\_\_ / **2016**



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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*

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



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**MALE / FEMALE SELF DEFENCE REGISTRATION FORM**

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

<b>Name</b>				<b>M / F</b> (circle one)
<b>Address</b>			<b>Suburb</b>	
<b>Town / City</b>	<b>P/Code</b>		<b>State</b>	
<b>Phone</b>	<b>Mobile</b>			
<b>Email</b>				
<b>Club</b>		<b>Instructor</b>		
			<b>Rank</b>	Gup/Degree

**Coach 2**

*(Please print clearly. Complete all details.)*

<b>Name</b>				<b>M / F</b> (circle one)
<b>Address</b>			<b>Suburb</b>	
<b>Town / City</b>	<b>P/Code</b>		<b>State</b>	
<b>Phone</b>	<b>Mobile</b>			
<b>Email</b>				
<b>Club</b>		<b>Instructor</b>		
			<b>Rank</b>	Gup/Degree

**Details Authorised/Verified By:**

**Name:**

**Club Position:**

**Signature:**