

Indiana AAU Tae Kwon Do State Championships

May 6, 2017
Noblesville, Indiana



- DATE:** May 6, 2017
- TIME:** Doors Open at 8:30am, Coaches/Officials Meeting at 9:30am
Competition Begins at 10:00am
- LOCATION:** Hamilton County Fairgrounds
2003 Pleasant Street, Noblesville, IN
- HOST:** Indiana AAU Taekwondo Association
- ENTRY FEE & DEADLINE:** REGISTRATION PRICE, IF RECEIVED BY APRIL 15, 2017, \$65.00 for 2 Events, \$75 for 3 Events
Received between April 16 and April 30, \$75 for 2 Events, \$85 for 3 Events.
Registrations received after April 30 or the day of event, \$100 for 2 Events, \$120 for 3 Events
Team Forms - \$75 per Team of 3 Black Belts, IF RECEIVED BY APRIL 15, 2017
SPECTATORS \$ 8.00

REGISTRATIONS RECEIVED AFTER APRIL 30, 2017 WILL BE AT THE DAY OF EVENT PRICES

\$50 FEE WILL BE CHARGED FOR ANY REGISTRATION CHANGES AFTER APRIL 30

- AGE GROUPS:**
- Junior – Ages 5-17
 - Senior – Ages 18-32
 - Executive – Ages 33 – 42
 - Ultra – Ages 43 and older

- This event is sanctioned by the Amateur Athletic Union of the U. S., Inc. All participants must have a current AAU membership.
- AAU membership is not included as part of the entry fee to this event.
- AAU membership must be obtained before the competition begins. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.

FOR MORE INFORMATION:
Indiana AAU Taekwondo Association
James Crays
939 Conner St.
Noblesville, IN 46060
317-776-1111
crays@att.net

*This Event is an
Official Qualifier
for the 2017 AAU
National
Taekwondo
Championships, Ft.
Lauderdale, FL,
July 3 – July 8 and
the AAU
Junior Olympic
Games,
Detroit. Aug 1-3*

AAU TaeKwonDo Indiana District Championship

~Athlete Registration Form~

Mail Completed Form Along with Payment (Money Order – NO Checks) to:

Indiana Taekwondo

James Crays, 939 Conner Street, Noblesville, IN 46060

REGISTRATION PRICE, IF RECEIVED BY APRIL 15, 2017, \$65.00 for 2 Events, \$75 for 3 Events

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REGISTRATIONS RECEIVED AFTER APRIL 30, 2017 WILL BE AT THE DAY OF EVENT PRICES

\$50 FEE WILL BE CHARGED FOR ANY REGISTRATION CHANGES AFTER APRIL 30

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Age: _____ (As of 12/31/2017) Weight: _____ Male/Female: _____
Rank: _____ Please Specify Geup or Dan Rank Not Just Belt Color: _____
TaeKwonDo School: _____ Birth Date (mm/dd/yyyy) _____
Instructor: _____ Phone Number: _____

***Your 2017 AAU Membership Number:** _____

*Please note: This application will be rejected without your 2017 AAU membership number. You may register online at www.aausports.org to receive your 2017 AAU membership number. Please have your 2017 card or a copy of your 2017 card available at the door.

Please mark the level of competition you are entering (You may compete at ONLY ONE level of competition):

Junior (5-17) _____ Senior (18-32) _____ Executive (33-42) _____ Ultra (43-Up) _____

*Please mark the events you are entering and fill out your name, age, rank and school on the event slips below for your events:

Individual Forms: _____ **Olympic Sparring:** _____ **Point Sparring:** _____

Liability Waiver:

I, the undersigned, for myself, my heirs, administrators and assigns, do hereby covenant and agree as follows, I hereby assume all risk of any personal injury which may result from activities in which I engage at the 2017 AAU Indiana TaeKwonDo District Championship, including supervised and unsupervised activities, that I for myself, my heirs, administrators and assigns, do hereby release the Amateur Athletic Union, Hamilton County Fairgrounds, James Crays, all coaches, officials, individually or collectively, from all liability, including claims at law or in equity for any injury, fatal or otherwise, mental or emotional damages, which may result directly or indirectly from my traveling to, participating in, or returning from said tournament or related functions. I understand that TaeKwonDo is a contact sport with a risk of serious injury to me, or my children who may enter said tournament. I also assume all risk of my personal property at the tournament premises if lost or stolen. I also understand there are absolutely no refunds. I have read and fully understand the above waiver and agree with its terms.

Competitor's Signature

Date

Signature of Parent or Guardian if under 18 years of age

Date

INDIVIDUAL FORMS	OLYMPIC SPARRING	POINT SPARRING
Name	Name	Name
Age	Age	Age
Rank	Rank	Rank
School	School	School

AAU TaeKwonDo Indiana District Championship

~Coach Registration Form~

Mail Completed Form and a copy of your 2017 coaches card along with payment (Money Order – NO Checks) to:

Indiana Taekwondo

James Crays, 939 Conner Street, Noblesville, IN 46060

As coaches and officials are vital to the success of any tournament, we would like to invite our coaches to

Pre-register before April 15, 2017, \$15 Coaches Pass

Registrations received between April 16 and April 30, \$20 Coaches Pass

Registrations received after April 30, \$30 Coaches Pass

Late registrations for coaches will be accepted at the door at \$30

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Age: _____ (As of December 31, 2017) Rank: _____

TaeKwonDo School: _____ Birth Date (mm/dd/yyyy) _____

Instructor: _____ Phone Number: _____

***Your 2017 AAU Membership Number:** _____

Please note: This application will be rejected without your 2017 AAU membership number.

You may register online at www.aausports.org to receive your 2017 AAU membership number

BE PREPARED! Adult and Non Athlete memberships are no longer instant and cannot be applied for at the event. Please allow at least 10 days for membership to be processed.

Please have your 2017 card or a copy of your 2017 card available at the door.

****Your 2017 AAU Coaches Number:** _____

**** You must complete the online Coaches clinic for 2017 to coach at this event.**

You must take the Online Coaches Clinic at www.aautaekwondo.org

Liability Waiver:

I, the undersigned, for myself, my heirs, administrators and assigns, do hereby covenant and agree as follows, I hereby assume all risk of any personal injury which may result from activities in which I engage at the 2017 AAU Indiana TaeKwonDo District Championship, including supervised and unsupervised activities, that I for myself, my heirs, administrators and assigns, do hereby release the Amateur Athletic Union, Hamilton County Fairgrounds, James Crays, all coaches, officials, individually or collectively, from all liability, including claims at law or in equity for any injury, fatal or otherwise, mental or emotional damages, which may result directly or indirectly from my traveling to, participating in, or returning from said tournament or related functions. I understand that TaeKwonDo is a contact sport with a risk of serious injury to me, or my children who may enter said tournament. I also assume all risk of my personal property at the tournament premises if lost or stolen. I also understand there are absolutely no refunds. I have read and fully understand the above waiver and agree with its terms.

Coach's Signature

Date

Signature of Parent or Guardian if under 18 years of age

Date

Indiana AAU Taekwondo Association

James Crays

939 Conner Street

Noblesville, IN 46060

317-776-1111

crays@att.net

AAU TaeKwonDo Indiana District Championship

~Officials Registration Form~

***ALL OFFICIALS MUST HAVE TAKEN A 2017 AAU OFFICIAL'S CLINIC**

Please Mail Completed Form to:

Indiana AAU Taekwondo Association

James Crays, 939 Conner Street, Noblesville, IN 46060

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Your Current Rank: _____ Referee Level: _____

TaeKwonDo School: _____ Birth Date (mm/dd/yyyy) _____

Instructor: _____ Phone Number: _____

***Your 2017 AAU Membership Number:** _____

*Please note: This application will be rejected without your 2017 AAU membership number.

You may register online at www.aausports.org to receive your 2017 AAU membership number.

Please have your 2017 card or a copy of your 2017 card available at the door.

Liability Waiver:

I, the undersigned, for myself, my heirs, administrators and assigns, do hereby covenant and agree as follows, I hereby assume all risk of any personal injury which may result from activities in which I engage at the 2017 AAU Indiana TaeKwonDo District Championship, including supervised and unsupervised activities, that I for myself, my heirs, administrators and assigns, do hereby release the Amateur Athletic Union, Hamilton County Fairgrounds, James Crays, all coaches, officials, individually or collectively, from all liability, including claims at law or in equity for any injury, fatal or otherwise, mental or emotional damages, which may result directly or indirectly from my traveling to, participating in, or returning from said tournament or related functions. I understand that TaeKwonDo is a contact sport with a risk of serious injury to me, or my children who may enter said tournament. I also assume all risk of my personal property at the tournament premises if lost or stolen. I also understand there are absolutely no refunds. I have read and fully understand the above waiver and agree with its terms.

Official's Signature

Date

Signature of Parent or Guardian if under 18 years of age

Date

Indiana AAU Taekwondo Association

James Crays

929 Conner Street

Noblesville, IN 46060

317-776-1111

crays@att.net

AAU TaeKwonDo Indiana District Championship

~Team Form Registration Form~

Mail Completed Form Along with Payment (Money Order – NO Checks) to:

Indiana Taekwondo

James Crays, 939 Conner Street, Noblesville, IN 46060

REGISTRATION PRICE IF RECEIVED BY April 15, 2017, \$75

Received between April 16 and April 30, \$85

Received after April 30, \$100

Team Contact Information:

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
TaeKwonDo School: _____ Instructor: _____ Age Division:
(Check One) 5-17 Black Belt _____ 18 & Up Black Belt _____

Team Member #1:

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Age: _____ (As of December 31, 2017) Rank: _____ *2017 AAU# _____

Team Member #2:

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Age: _____ (As of December 31, 2017) Rank: _____ *2017 AAU# _____

Team Member #3:

Last Name: _____ First Name: _____ M.I.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____
Age: _____ (As of December 31, 2017) Rank: _____ *2017 AAU# _____

***Please note: This application will be rejected without all three team member's 2017 AAU membership number. You may register online at www.ausports.org to receive your 2017 AAU membership number. Please have your 2017 card or a copy of your 2017 card available at the door.**

Liability Waiver:

I, the undersigned, for myself, my heirs, administrators and assigns, do hereby covenant and agree as follows, I hereby assume all risk of any personal injury which may result from activities in which I engage at the 2017 AAU Indiana TaeKwonDo District Championship, including supervised and unsupervised activities, that I for myself, my heirs, administrators and assigns, do hereby release the Amateur Athletic Union, Hamilton County Fairgrounds, James Crays, all coaches, officials, individually or collectively, from all liability, including claims at law or in equity for any injury, fatal or otherwise, mental or emotional damages, which may result directly or indirectly from my traveling to, participating in, or returning from said tournament or related functions. I understand that TaeKwonDo is a contact sport with a risk of serious injury to me, or my children who may enter said tournament. I also assume all risk of my personal property at the tournament premises if lost or stolen. I also understand there are absolutely no refunds. I have read and fully understand the above waiver and agree with its terms.

Team Member 1 Signature

Signature of Parent or Guardian if under 18 years of age

Date

Team Member 2 Signature

Signature of Parent or Guardian if under 18 years of age

Date

Team Member 3 Signature

Signature of Parent or Guardian if under 18 years of age

Date