

# Indiana AAU Tae Kwon Do State Championships

May 7, 2016  
Noblesville, Indiana



- DATE:** May 7, 2016
- 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 16, 2016, \$60.00 for 2 Events, \$65 for 3 Events  
Received between April 17 and May 2, \$70 for 2 Events, \$80 for 3 Events.  
Registrations received after May 2 or the day of event, \$100 for 2 Events, \$120 for 3 Events  
Team Forms - \$65 per Team of 3 Black Belts, IF RECEIVED BY APRIL 16, 2016

**REGISTRATIONS RECEIVED AFTER MAY 2, 2016 WILL BE AT THE DAY OF EVENT PRICES**  
**\*\$50 FEE WILL BE CHARGED FOR ANY REGISTRATION CHANGES AFTER MAY 2\***

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

- This event is licensed 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.
- 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.
- Participants are encouraged to visit the AAU web site [www.aasports.org](http://www.aasports.org) to obtain membership.

**FOR MORE INFORMATION:**  
Indiana AAU Taekwondo Association  
James Crays  
939 Conner St.  
Noblesville, IN 46060  
[www.indianaaautaeqwondo.com](http://www.indianaaautaeqwondo.com)  
317-776-1111  
[crays@att.net](mailto:crays@att.net)

*This Event is an  
Official Qualifier  
for the 2016 AAU  
National  
Taekwondo  
Championships,  
Ft. Lauderdale,  
FL, July 4 – July 9  
and the AAU  
Junior Olympic  
Games,  
Houston, TX  
July 28– July 30*

# 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 16, 2016, \$60.00 for 2 Events, \$65 for 3 Events

Received between April 17 and May 2, \$70 for 2 Events, \$80 for 3 Events.

Registrations received after May 2 or the day of event, \$100 for 2 Events, \$120 for 3 Events

**REGISTRATIONS RECEIVED AFTER MAY 2, 2016 WILL BE AT THE DAY OF EVENT PRICES**

**\*\$50 FEE WILL BE CHARGED FOR ANY REGISTRATION CHANGES AFTER MAY 2\***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ (As of 12/31/2016) 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 2016 AAU Membership Number:** \_\_\_\_\_

\*Please note: This application will be rejected without your 2016 AAU membership number. You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2016 AAU membership number. Please have your 2016 card or a copy of your 2016 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 2016 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

## ~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 16, 2016, \$65

Received between April 17 and May 2, \$80

Received after May 2, \$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, 2016) Rank: \_\_\_\_\_ \*2016 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, 2016) Rank: \_\_\_\_\_ \*2016 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, 2016) Rank: \_\_\_\_\_ \*2016 AAU# \_\_\_\_\_

**\*Please note: This application will be rejected without all three team member's 2016 AAU membership number. You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2016 AAU membership number. Please have your 2016 card or a copy of your 2016 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 2016 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

# AAU TaeKwonDo Indiana District Championship

## ~Coach Registration Form~

Mail Completed Form and a copy of your 2016 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 16, 2016, \$10 Coaches Pass

Registrations received between April 17 and May 2, \$20 Coaches Pass

Registrations received after May 2, \$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, 2016) Rank: \_\_\_\_\_

TaeKwonDo School: \_\_\_\_\_ Birth Date (mm/dd/yyyy) \_\_\_\_\_

Instructor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**\*Your 2016 AAU Membership Number:** \_\_\_\_\_

Please note: This application will be rejected without your 2016 AAU membership number.

You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2016 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 2016 card or a copy of your 2016 card available at the door.

**\*\*Your 2016 AAU Coaches Number:** \_\_\_\_\_

**\*\* You must complete the online Coaches clinic for 2016 to coach at this event.**

You must take the Online Coaches Clinic at [www.aautaekwondo.org](http://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 2016 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

AAU Taekwondo Association

James Crays

939 Conner Street

Noblesville, IN 46060

317-776-1111

crays@att.net

India

# AAU TaeKwonDo Indiana District Championship

## ~Officials Registration Form~

**\*ALL OFFICIALS MUST HAVE TAKEN A 2016 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 2016 AAU Membership Number:** \_\_\_\_\_

\*Please note: This application will be rejected without your 2016 AAU membership number.

You may register online at [www.aausports.org](http://www.aausports.org) to receive your 2016 AAU membership number.

Please have your 2016 card or a copy of your 2016 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 2016 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