# 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.aausports.org to obtain membership.

#### FOR MORE INFORMATION:

Indiana AAU Taekwondo Association
James Crays
939 Conner St.
Noblesville, IN 46060
www.indianaaautaekwondo.com
317-776-1111
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

### <u>AAU TaeKwonDo Indiana District Championship</u> <u>~Athlete Registration Form~</u>

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

Indiana Taekwondo

James Crays, 939 Conner Street, Noblesville, IN 46060

REGISTRATION PRICE, <u>IF RECEIVED BY APRIL 16, 2016,</u> \$60.00 for 2 Events, \$65 for 3 Events Received between April 17 and May 2, \$70 for 2 Events, \$80 for 3 Events.

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#### 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.l:
Street Address:		
City:	State:	Zip Code:
Phone Number:	Email Address:	<u>-</u>
Age: (As of 12/31/2016) Weight:_		Male/Female:
Rank: P	lease Specify Geup or	Dan Rank Not Just Belt Color:
TaeKwonDo School:	Birth Da	ate (mm/dd/yyyy)
Instructor:	Phone Nu	mber:
*Your 2016 AAU Membership Number: *Please note: This application will be rejected wit www.aausports.org to receive you 2016 card available at the door.	hout your 2016 AAU m	
Please mark the level of competition you are ente	ering (You may compete	e at ONLY ONE level of competition):
Junior (5-17) Senior (18-32) E	xecutive (33-42)	Ultra (43-Up)
*Please mark the events you are entering and fill out your na	ame, age, rank and scho	ool on the event slips below for your events:
Individual Forms:Oly	ympic Sparring:	Point Sparring:
which may result from activities in which I engage at the 2016 A activities, that I for myself, my heirs, administrators and assigns all coaches, officials, individually or collectively, from all liability damages, which may result directly or indirectly from my travel that TaeKwonDo is a contact sport with a risk of serious injury t	AAU Indiana TaeKwonDo D s, do hereby release the Ar r, including claims at law o ling to, participating in, or o me, or my children who	and agree as follows, I hereby assume all risk of any personal injury district Championship, including supervised and unsupervised mateur Athletic Union, Hamilton County Fairgrounds, James Crays, r in equity for any injury, fatal or otherwise, mental or emotional returning from said tournament or related functions. I understand may enter said tournament. I also assume all risk of my personal tely no refunds. I have read and fully understand the above waiver
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 <u>Team Form Registration Form</u>

Team Contact Information:				
Last Name	First Name		NA 1.	
Last Name: Street Address:			IVI.1:	
City:				
Phone Number:				
TaeKwonDo School:				
(Check One) 5-17 Black Belt 18 & Up Black Belt				
Team Member #1:				
Last Name:			M.I:	
Street Address:				
City:				
Phone Number:				
Age:(As of December 31, 2016) Rank:	·	*2016 AAU#		
Team Member #2:				
	5° . N			
Last Name:			M.I:	
Street Address:				
City:				
Phone Number:				
Age:(As of December 31, 2016) Rank:		*2016 AAU#		
Team Member #3:				
Last Name:	First Name:		MI	
Street Address:			IVI.I	
City:				
Phone Number:				
Age:(As of December 31, 2016) Rank:				
//Sec				
*Please note: This application will be rejected without all th to receive your 2016 AAU membership number. Please have		•		r online at <u>www.aausports.org</u>
to receive your 2010 And membership number. Trease have	your zoro cara or a copy	Or your ZOIO care		
			a available at the abor.	
Liability Waiver: I, the undersigned, for myself, my heirs, administrators and a may result from activities in which I engage at the 2016 AAU			ows, I hereby assume all ris	
I, the undersigned, for myself, my heirs, administrators and a may result from activities in which I engage at the 2016 AAU myself, my heirs, administrators and assigns, do hereby relea	Indiana TaeKwonDo Distric se the Amateur Athletic U	ct Championship, nion, Hamilton Co	lows, I hereby assume all ris including supervised and ur unty Fairgrounds, James Cr	nsupervised activities, that I for ays, all coaches, officials,
I, the undersigned, for myself, my heirs, administrators and a may result from activities in which I engage at the 2016 AAU myself, my heirs, administrators and assigns, do hereby relea individually or collectively, from all liability, including claims a	Indiana TaeKwonDo Distric se the Amateur Athletic Ui t law or in equity for any i	ct Championship, nion, Hamilton Co njury, fatal or oth	lows, I hereby assume all ris including supervised and ur unty Fairgrounds, James Cr erwise, mental or emotiona	nsupervised activities, that I for ays, all coaches, officials, al damages, which may result
I, the undersigned, for myself, my heirs, administrators and a may result from activities in which I engage at the 2016 AAU myself, my heirs, administrators and assigns, do hereby relea	Indiana TaeKwonDo Distric se the Amateur Athletic U t law or in equity for any in returning from said tourna	ct Championship, nion, Hamilton Co njury, fatal or oth ament or related f	ows, I hereby assume all ris including supervised and ur unty Fairgrounds, James Cr erwise, mental or emotiona functions. I understand tha	nsupervised activities, that I for ays, all coaches, officials, Il damages, which may result t TaeKwonDo is a contact sport
I, the undersigned, for myself, my heirs, administrators and a may result from activities in which I engage at the 2016 AAU myself, my heirs, administrators and assigns, do hereby relea individually or collectively, from all liability, including claims a directly or indirectly from my traveling to, participating in, or	Indiana TaeKwonDo Distriction of the Amateur Athletic Unit law or in equity for any increasing from said tournanter said tournament. I also	ct Championship, nion, Hamilton Co njury, fatal or oth ament or related f so assume all risk o	ows, I hereby assume all ris including supervised and ur unty Fairgrounds, James Cr erwise, mental or emotiona functions. I understand tha of my personal property at	nsupervised activities, that I for ays, all coaches, officials, Il damages, which may result t TaeKwonDo is a contact sport the tournament premises if lost
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#### 

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

ame:	First Name:	M.I:
Address:		
	State:	Zip Code:
Number:	Email Address:_	
(As of December 31, 2016)	Rank:	
vonDo School:	Birth Dat	e (mm/dd/yyyy)
ctor:	Phone Num	nber:
*Your 2016 AAU Membership Num	ber:	
You may register online at www BE PREPARED! Adult and Note the event. Please allow	w.aausports.org to receive you	· · · · ·
**Your 2016 AAU Coaches Number	:	
** You must complete	the online Coaches clir	nic for 2016 to coach at this event.
You must take the Online Coa	ches Clinic at <u>www.aautaekwo</u>	ndo.org
injury which may result from activities in which I en unsupervised activities, that I for myself, my heirs, Fairgrounds, James Crays, all coaches, officials, indi otherwise, mental or emotional damages, which m or related functions. I understand that TaeKwonDo	gage at the 2016 AAU Indiana Tae administrators and assigns, do here vidually or collectively, from all lial ay result directly or indirectly from o is a contact sport with a risk of se tournament premises if lost or stol	ant and agree as follows, I hereby assume all risk of any personal KwonDo District Championship, including supervised and eby release the Amateur Athletic Union, Hamilton County bility, including claims at law or in equity for any injury, fatal or my traveling to, participating in, or returning from said tournament rious injury to me, or my children who may enter said tournament. I len. I also understand there are absolutely no refunds. I have read
Coach's Signature		Date
Signature of Parent or Guardian if under 18 years o	f age	Date

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AAU Taekwondo Association
James Crays
939 Conner Street
Noblesville, IN 46060
317-776-1111
crays@att.net

#### <u>AAU TaeKwonDo Indiana District Championship</u> <u>~Officials Registration Form~</u>

\*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

st Name:	First Name:		M.I:		
eet Address:					
y:	State:	Zip Code:	_		
one Number:					
ur Current Rank:					
eKwonDo School:					
tructor:	Phone Numb	er:			
, -	t www.aausports.org to receive your 20:	·	er.		
Liability Waiver:  I, the undersigned, for myself, my heirs, admir injury which may result from activities in which unsupervised activities, that I for myself, my hearigrounds, James Crays, all coaches, officials or otherwise, mental or emotional damages, vectournament or related functions. I understand tournament. I also assume all risk of my personal have read and fully understand the above was	h I engage at the 2016 AAU Indiana TaeKwonl eirs, administrators and assigns, do hereby re , individually or collectively, from all liability, which may result directly or indirectly from my d that TaeKwonDo is a contact sport with a ris anal property at the tournament premises if lo	Do District Championship, inclu lease the Amateur Athletic Uni including claims at law or in eq y traveling to, participating in, o k of serious injury to me, or my	ding supervised and on, Hamilton County uity for any injury, fatal or returning from said y children who may enter said		
Official's Signature		Date			
Signature of Parent or Guardian if under 18 ye	ars of age	Date			

Indiana AAU Taekwondo Association James Crays 929 Conner Street Noblesville, IN 46060 317-776-1111 crays@att.net