

22nd Annual
"Battle of the Belts"

USTF Region 6 Sanctioned Tournament
Saturday, September 18, 2010

Kirksville High School Gymnasium
1301 South Cottage Grove
Kirksville, Missouri

Registration Starts @ 10:00 a.m.
Competition Starts @ 12:00 p.m.
Black Belt Meeting @ 11:30 a.m.

Cost: Individual Pattern and/or Fighting:

\$30.00 Team Pattern: \$20.00 per team

Spectators: Free!!!!

~ Sparring ~ Pattern ~ Team Pattern ~ Breaking ~

United States Taekwon-Do Federation (USTF) Region 6 invites all USTF affiliated schools and their students to this tournament. This event will include individual patterns, sparring, breaking and team patterns. All divisions will be created the day of the event at the discretion of the Chief Bracketeer.

Competition will be in accordance with USTF rules. Sparring gear including hand and foot pads, mouthpiece, head gear and protective cup for male competitors will be required. Head gear is mandatory for all ranks. All referees and judges must be certified by the USTF and dressed properly in the official dress code established by the USTF (white shirt, blue tie, blue pants, and white shoes).

Team Pattern:

(Black Belt) Minimum of four (4) per team! Maximum of five (5)

(Gup Team) Minimum of four (4) per team! Maximum of five (5)

Breaking:

Must be 16 years of age or older.

Two Breaks Scored: Side Piercing Kick & Downward Knife-Hand

For more information: dstephenson@marktwain.net

REGISTRATION FORM

Name _____ Mr. [] Mrs. [] Ms. []

First Name Last Name

Rank: _____ USTF Member#: _____ Age: _____ Sex: _____

Address: _____ Address City/Town State Zip Code

USTF Taekwon-Do School: _____

Instructor: _____

E-mail: _____ Phone: _____

ANY/ALL INDIVIDUAL EVENTS \$30.00 TOTAL

Patterns: Yes: _____ No: _____ Sparring: Yes: _____ No: _____ Breaking: Yes: _____ No: _____

TEAM PATTERNS \$20.00 PER TEAM

Make check payable to USTF Region 6

Mail this page with payment to: Master Dustin Stephenson
USTF Region 6 28138
State Hwy. 3
Kirksville, MO 63501

Liability and Photograph Release
22nd Annual Battle of the Belts
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I or my child, _____, is voluntarily participating in this tournament. I clearly understand that the sport of Taekwon-Do involves bodily contact. I am aware of my or my child's personal medical condition and hereby certify that I am or my child is mentally and physically fit to participate in this event. I also understand that I or my child may withdraw from this tournament at any time.

In consideration of me or my child's participation in this event, I or on behalf of my child, indemnify, release, forever discharge and agree to hold harmless the sponsor, instructors of, Kirksville Taekwon-do, United States Taekwon-Do Federation, Inc., the officers, employees and agents thereof, and the owner of the building/place where the activity is being held, from any and all responsibility and liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever, including reasonable attorney fees, which may be incurred by me or my child while participating in this event.

I also consent and authorize the taking of photographs or videotape in which I or my child may appear. I hereby waive for Myself and/or for my child, all rights of privacy in and to any said photographs or videotapes, including without limitation, any and all claims for the libel and/or invasion of privacy. I hereby grant to Kirksville Taekwon-Do and the Tournament Promoters the irrevocable right and permission, in respect to the photographs or video tapes that are taken or have been taken of me or my child to use, reuse, publish, re-publish, modify and display the same, in whole or in part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now and hereafter know, for illustration, promotion, art, advertising and trade, or any purpose whatsoever; and to use my name and/or my child's name in connection therewith if it so chooses.

Participant/Guardian Signature

Date

Participant/Guardian Name (Print)

Guardian's Relationship to the Participant (if under 18 Only) _____

My health insurance is through _____ and is current.

You MUST provide current information in order to compete. Green belt competitors and above must present current USTF membership cards at time of check-in.