

*Indiana AAU
Taekwondo
State Championships
April 14, 2012
Noblesville, Indiana*



DATE: April 14, 2012

TIME: Doors Open at 8:30am, Coaches/Officials Meeting at 9:30am
Competition Begins at 10:00am

LOCATION: Hamilton County 4-H and Convention Center,
2003 Pleasant St. Noblesville, IN

HOST: Indiana AAU Taekwondo Association, James Crays, Director

ENTRY FEE & DEADLINE: PRE-REGISTRATION PRICE = \$55.00 for 2 Events, \$65 for 3 Events
IF POST MARKED BY MARCH 30, 2012
Post Marked between March 31 – April 6, \$70 for 2 Events, \$80 for 3 Events.
Post Marked between April 7 – April 10, \$90 for 2 Events, \$100 for 3 Events.
Team Forms - \$65 per Team of 3 Black Belts, IF POST MARKED BY MARCH 30, 2012

NO REGISTRATION WILL BE ACCEPTED IF POST MARKED AFTER APRIL 10, 2012

\$50 FEE WILL BE CHARGED FOR ANY REGISTRATION CHANGES

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 the 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.

Go To
www.indianaaautaeqwondo.com
For Registration Forms

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

This Event is an
Official Qualifier for
the 2012 AAU
National
Taekwondo
Championships, Ft.
Lauderdale, FL,
July 2 – July 7, 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 AAU Taekwondo Association

James Crays, 939 Conner Street, Noblesville, IN 46060

PRE-REGISTRATION PRICE = \$55.00 for 2 Events, \$65 for 3 Events

IF POST MARKED BY MARCH 30, 2012

Post Marked between March 31 – April 6, \$70 for 2 Events, \$80 for 3 Events.

Post Marked between April 7 – April 10, \$90 for 2 Events, \$100 for 3 Events.

NO REGISTRATION WILL BE ACCEPTED IF POST MARKED AFTER APRIL 10, 2012

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Age: _____ (As of Aug 31st, 2012) Weight: _____ Male/Female: _____ Rank: _____

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

Instructor: _____ Phone Number: _____

***Your 2012 AAU Membership Number:** _____

*Please note: This application will be rejected without your 2012 AAU membership number.

You may register online at www.aausports.org to receive your 2012 AAU membership number.

Please have your 2012 card or a copy of your 2012 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:

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 2012 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 Convention Center, 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

AAU Taekwondo Indiana District Championship

~Officials Registration Form~

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 2012 AAU Membership Number:** _____

*Please note: This application will be rejected without your 2012 AAU membership number.

You may register online at www.aausports.org to receive your 2012 AAU membership number.

Please have your 2012 card or a copy of your 2012 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 2012 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 Convention Center, 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
939 Conner St.
Noblesville, IN 46060
317-776-1111
crays@att.net

AAU Taekwondo Indiana District Championship

~Coach Registration Form~

Mail Completed Form Along with Payment (Money Order – NO Checks) to:
Indiana AAU Taekwondo Association

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 by April 7, 2012, \$10 Coaches Pass

Post Marked after April 7th – Add a \$10 late fee. Late registrations for coaches will be accepted at the door

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Age: _____ (As of August 31, 2012) Rank: _____

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

Instructor: _____ Phone Number: _____

***Your 2012 AAU Membership Number:** _____

*Please note: This application will be rejected without your 2012 AAU membership number.

You may register online at www.aausports.org to receive your 2012 AAU membership number.

Please have your 2012 card or a copy of your 2012 card available at the door.

****Your 2012 AAU Coaches Number:** _____

**** You must complete the online Coaches clinic for 2012 to coach at this event.**

You may 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 2012 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 Convention Center, 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 St.
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 AAU Taekwondo Association

James Crays, 939 Conner Street, Noblesville, IN 46060

PRE-REGISTRATION PRICE = \$65

IF POST MARKED BY MARCH 30, 2012

Post Marked between March 31 – April 6, \$80, Post Marked between April 7 – April 10, \$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 _____ Sex: (Check One) Male _____ Female _____ Mixed _____		
Team Member #1:		
Last Name: _____	First Name: _____	M.I.: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Email Address: _____	
Age: _____ (As of August 31, 2012)	Rank: _____	*2012 AAU# _____
Team Member #2:		
Last Name: _____	First Name: _____	M.I.: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Email Address: _____	
Age: _____ (As of August 31, 2012)	Rank: _____	*2012 AAU# _____
Team Member #3:		
Last Name: _____	First Name: _____	M.I.: _____
Street Address: _____		
City: _____	State: _____	Zip Code: _____
Phone Number: _____	Email Address: _____	
Age: _____ (As of August 31, 2012)	Rank: _____	*2012 AAU# _____
*Please note: This application will be rejected without all three team member's 2012 AAU membership number. You may register online at www.aausports.org to receive your 2012 AAU membership number. Please have your 2012 card or a copy of your 2012 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 2012 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 Convention Center, 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. <u>I also understand there are absolutely no refunds.</u> 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