



## *TABLE OF CONTENTS*

**PAGE 2 – REGISTRATION GUIDELINE AND THINGS TO REMEMBER**

**PAGE 3 & 4 – OPENING MESSAGE FROM GRANDMASTER HYUNG KEUN MIN**

**PAGE 5 – GENERAL INFORMATION PAGE (contains hotel information)**

**PAGE 6 – WEAPONS COMPETITION**

**PAGE 7 – COMPETITOR APPLICATION FORM**

**PAGE 8 – RING SUPPORT AND REFEREE APPLICATION FORM**

**PAGE 9 – \*\*\*\* MANDATORY LIST OF COMPETITORS (PLEASE FILL OUT AND FAX, EMAIL OR MAIL ON OR BEFORE OCTOBER 17<sup>TH</sup>, 2017. THANK YOU.**

**PAGE 10 – MEDICAL FITNESS FORM – MANDATORY FOR COMPETITION IN ALL DIVISIONS**

**Grand Master K. H. Min Taekwondo Dojang**  
10001 – 168 street  
Edmonton, AB, T5P 3W9  
Phone: 780.484.6524 Fax: 780.481.9457  
Email: khmin@telusplanet.net  
www.edmontondragons.com

# **REGISTRATION GUIDELINES & THINGS TO REMEMBER**

- ***NOTE: WE WILL BE DOING ALL DIVISIONS AHEAD OF TIME, THEREFORE THERE WILL NOT BE A LINE-UP. PLEASE BE ACCURATE ON YOUR REGISTRATION FORM TO AVOID MISINFORMATION. DUE TO THE LARGE NUMBER OF COMPETITORS, INCORRECT FORMS WILL LEAD TO DISQUALIFICATION. DRAWS WILL BE POSTED IN THE MORNING WITH RING ASSIGNMENTS FOR POOMSE AND SPARRING. ANY LATE REGISTRATIONS WILL NOT BE ACCEPTED. WE WILL CONFIRM VIA EMAIL YOUR ATHLETE REGISTRATIONS.***
- PLEASE ENSURE THAT UPON BOOKING YOUR HOTEL STAY YOU QUOTE THE **APPROPRIATE BOOKING CODE: CEP- GFC16839** TO GET THE SPECIAL RATE. GROUP BOOKING IS HIGHLY RECOMMENDED, AND ROOMS WILL BE HELD UNTIL OCTOBER 6<sup>TH</sup>.
- PLEASE MAIL, FAX, OR EMAIL YOUR LIST OF COMPETITORS (PAGE 9) BY OR BEFORE OCTOBER 17<sup>TH</sup> TO ENSURE THAT WE HAVE YOUR INFORMATION.
- WHEN YOU ARRIVE ON FRIDAY, OCTOBER 20<sup>TH</sup> TO PAY FOR YOUR CLUB REGISTRATION, PLEASE MAKE SURE THE FORMS ARE PROPERLY FILLED OUT AND SIGNED, SIGNED BY PARENT OR GUARDIAN (IF UNDER 18 YEARS OF AGE), AND THAT PAYMENT IS MADE FOR EACH ATHLETE. WE WILL NOT ACCEPT NEW REGISTRATIONS ON SATURDAY, OCTOBER 21<sup>ST</sup>.
- JUNIOR AND SENIOR BLACK BELT WEIGH-INS WILL BE ON FRIDAY, OCTOBER 20<sup>TH</sup> AT REGISTRATION (TOURNAMENT VENUE) FROM 7-9PM TO ENSURE FAIR DIVISIONS, OR YOU CAN WEIGH-IN ON TOURNAMENT DAY AT 11:00AM.
- COLOR BELTS: PLEASE ENSURE THAT YOUR REGISTRATION FORM HAS THE "GUP" CIRCLED AS WELL AS THE COLOR OF BELT. *FILL OUT THE BELT THAT YOU WILL BE COMPETING AT.*
- PLEASE SUPPLY YOUR OWN WTF STYLE CHEST PROTECTOR, HEAD GEAR, ARM AND LEG GUARDS, GROIN GUARD, AND MOUTH GUARD. THERE WILL NOT BE ANY EQUIPMENT AVAILABLE TO BORROW AT INSPECTION. SOME EQUIPMENT WILL BE AVAILABLE FOR PURCHASE AT THE VENUE. MISSING EQUIPMENT WILL LEAD TO DISQUALIFICATION.
- ***AS AN ATA SANCTIONED EVENT AND BLACK BELT RANKING POINT TOURNAMENT, BLACK BELT COMPETITORS WILL REQUIRE KP&P ELECTRONIC SOCKS IN ORDER TO COMPETE. ORDER IN TIME THROUGH [WWW.CAPTAINSPORTS.CA](http://WWW.CAPTAINSPORTS.CA)***
- IF YOU WILL BE PAYING BY CHEQUE, PLEASE MAKE IT PAYABLE TO K. H. MIN TAEKWONDO. \$20.00 NSF FEE WILL APPLY TO ALL CHEQUES RETURNED NSF.

## **Grand Master K. H. Min Taekwondo Dojang**

10001 – 168 Street NW

Edmonton, AB, T5P 3W9

Phone: 780.484.6524 Fax: 780.481.9457

Email: [khmin@telusplanet.net](mailto:khmin@telusplanet.net)

[www.edmontondragons.com](http://www.edmontondragons.com)

# *Beginning the Tournament Season Strong!*



## A Message from the Grand Master K. H. Min



Ladies and Gentlemen, distinguished guests, I would like to take this opportunity to welcome all of you to the heart of Edmonton, for the **2017 34<sup>th</sup> Annual K. H. Min Invitational Taekwondo Championship**. As always, our tournament will help kick start the tournament season for Alberta and we are proud to consistently have large numbers of competitors in order to give our Alberta athletes the best experience possible.

I am very pleased to announce that this year's Invitational Tournament will be held on *Saturday, October 21<sup>st</sup> at the Kinsmen Sports Centre – "Fieldhouse", 9100 Walterdale Hill NW, Edmonton, T6E 3V3*. This venue is located on the south side of the low-level bridge. There is *FREE* parking at the venue. This tournament will be an ATA sanctioned event, with the Black Belt Ranking point system. As such, failure to make weight (for Black Belt Sparring only) will lead to disqualification. All Black Belts will require KP&P Socks, and can purchase them at [www.captainsports.ca](http://www.captainsports.ca).

Our host hotel this year will be the Coast Edmonton Plaza Hotel, 10155-105<sup>th</sup> Street, Edmonton, T5J 1E2, 780.423.4811, or toll free 1.800.663.1144. Booking is due by October 6<sup>th</sup> to guarantee your room.

If any of our guests have the urge to go shopping, the Edmonton City Centre offers great retail shopping and the West Edmonton Mall is only a 15 minute drive from downtown. *The tournament will have a concession with great food and prices so that you do not have to leave the venue for your snacks or lunch.*

As always, our organizing committee has been, and will continue to work hard to make this tournament an amazing experience for everyone! Our tournament will have the traditional Sparring and Poomse divisions, as well as a new *WEAPONS COMPETITION!* The great thing about this division is that it is a competition that adults and seniors can participate in as well. ***This division is for people of all ages!***

The venue will be open at 8:30am for our athletes and guests to enter the venue. Children's and Black Belt Poomse and Sparring will begin soon after doors opening. Due to a large number of athletes expected, we will be completing all divisions ahead of time. We encourage all registrants to ensure that they fill out their information with absolute accuracy as once the divisions are made, we will not make alterations. *We ask all Dojangs to put your active email address so that we may confirm registered athletes via email.* Please note that ***we will not have a line-up of divisions.*** As always,

we will have exciting Junior and Adult Black Belt competitions, which will begin at the same time as our Adult color belt divisions.

Our annual concession offers a variety of food to feed athletes and their families and there is no need to leave the venue. We receive comments every year on our great concessions and look forward to serving you this year as well!

I would like to make a special note in thanking the Competitors, the Coaches, the Referees, and the Volunteers from the bottom of my heart, for without their support, this Championship would be impossible to host.

Enclosed is the information on the accommodations, competition details and a registration form. Should you require further details, please do not hesitate to contact K. H. Min Taekwondo Dojang at 780.484.6524 or email: [khmin@telusplanet.net](mailto:khmin@telusplanet.net).

Welcome once again and good luck to all of you!

A handwritten signature in blue ink, appearing to read 'Hyung Keun Min', is positioned above the printed name.

**Grand Master Hyung Keun Min**

*“Train for REAL, Fight for FUN!”*

## 2017 34<sup>TH</sup> ANNUAL K. H. MIN INVITATIONAL TAEKWONDO CHAMPIONSHIP

- Date:** Saturday, October 21<sup>st</sup>, 2017
- Venue:** Kinsmen Sports Centre – “Fieldhouse” \*Parking is FREE and available at the venue.  
9100 Walterdale Hill, NW, T6E 3V3
- Registration:** **Early Registration:** Please have forms in our office by mail, email, or fax **no later than October 17<sup>th</sup>**. **Include the “Mandatory List of Competitors”, page 9. Color Belts: Please be accurate and circle the proper gup on the Competitor Application Form.**  
**Payment:** Friday, October 20<sup>th</sup> at Kinsmen Sports Centre, **6:30pm – 9:00pm.**
- Sanctioned by:** The Alberta Taekwondo Association as a Black Belt Ranking tournament
- Weigh-ins:** Weigh-ins will be for **Junior and Senior Black Belts only** and will be at registrations (Friday, October 20<sup>th</sup> from 7-9pm OR competition day at 11am sharp). To ensure fairness, all Black Belt divisions will be entirely completed by weight. Divisions will be made ahead of time so please be very accurate.
- Eligibility:** Must be a member of an established WTF school and have received an invitation package.
- Rules:** Olympic style WTF rules  
**\*\*No head contact for:** Children color belt competition 15 years and under, Children Black Belt 11 years and under, Adult Color Belt divisions (adult color belt division Green Belt and above optional with consent of both athletes), Senior (30+) Black Belt divisions. Head contact for all black belts 12 years and older.
- Equipment:** Chest protector, head gear, arm & shin pads, groin guards, and mouth guards are mandatory for all competitors. Missing equipment will result in disqualification.  
\*Black Belts will require KP&P socks in order to compete. **Order your socks at [www.captainsports.ca](http://www.captainsports.ca) in time for this tournament.**
- Event Time:** **Doors open:** 8:30AM  
**(Estimated times)** **Children’s and Black Belt Sport/Regular Poomse competition:** 9:00AM  
**Sparring Eliminations:** Children – 10:00AM  
**Weapons competition:** immediately after Children’s sparring  
**Adult Color Belt (Poomse and Sparring), Junior and Senior Black Belt Sparring divisions** – please be at venue by 11:00am. We will start Adult color belt and Black Belt competition immediately after Children’s color belt
- Entry Fee:** One Event: \$70.00 Two Events: \$80.00 Three Events: \$90.00
- Admission:** \$10.00 per person  
5 yrs. and under free (Must be accompanied by an adult)
- Accommodations:** **Coast Edmonton Plaza Hotel 10155-105 St., Ed., T5J 1E2**  
Ph. 780.423.4811  
**\*\*Book by October 6<sup>th</sup> to secure your room and rate\*\***  
\*To obtain this special rate, please quote *the group code:* **CEP- GFC16839** when making your reservations.  
**Single and Double occupancy: \$119.00; Triple: \$129.00; Quad: \$139.00**  
*\*Please Note: It is advisable to book as a group and provide a room list for the Hotel in order to eliminate any complications at the time of check-in. We strongly advise you to book as far ahead as possible to ensure that you receive rooms.*

# WEAPONS COMPETITION INFORMATION

## COMPETITION GUIDELINES:

- 1 ½ minute choreography
- any weapon of choice
- 1 or 2 handed weapon
- music optional (song choice must be submitted by Tuesday, October 17<sup>th</sup>. If using a CD, athlete must bring a CD PLAYER and is responsible for their own music)
- points deducted for being under or over 1 ½ minute
- can use a combination of weapon, strikes, blocks, kicks, and flips.
- divisions will be divided by age first, then belt level.



**2017**  
**34<sup>th</sup> Annual K. H. Min**  
**Invitational Taekwondo Championship**  
Phone: 780.484.6524 Fax: 780.481.9457  
Email: khmin@telusplanet.net

*“Beginning the  
Tournament  
Season  
**STRONG!**”*

**COMPETITOR APPLICATION**

**PLEASE FILL IN YOUR FORM ACCURATELY AS ALL DIVISIONS WILL BE COMPLETED BEFORE THE COMPETITION DATE. MISSING OR WRONG INFORMATION WILL LEAD TO DISQUALIFICATION. THERE WILL BE NO LINE-UPS. A CONFIRMATION EMAIL OF REGISTERED ATHLETES WILL BE SENT TO THE DOJANG EMAIL TO ENSURE ACCURACY. THANK YOU.**

|   |  |   |  |
|---|--|---|--|
| Name: _____   |  | Sex:      M      F  |  |
| Birth Date:    /    /    _____<br>Day    Month    Year  |  | Age (at time of event): _____                                   |  |
| Master/Instructor: _____  |  | Dojang: _____   |  |
| **Dojang Phone: (    ) _____  |  | **Dojang Email: _____   |  |
| Home Phone: (    ) _____  |  | Cell Phone: (    ) _____  |  |
| **Height: _____ (cm) <b>MANDATORY</b>   |  | **Weight: _____ (lbs) <b>MANDATORY</b>                          |  |
| <b>Please be accurate</b>   |  |   |  |
| Rank: Gup (Circle gup number and color)   |  | 10 , 9    8 , 7    6 , 5    4 , 3    2 , 1    Black Belt: _____ |  |
|   |  | White    Yellow    Green    Blue    Red    Circle one:          |  |
|   |  | Poom / Dan  |  |
| Division(s): Please check mark the divisions you will be competing in.  |  |   |  |
| POOMSE: _____ SPARRING: _____ WEAPONS: _____ If you are in Weapons, please indicate what<br>weapon you will be using: _____ |  |   |  |
| Number of Divisions: Please check mark the number of divisions you will be competing in:                                    |  |   |  |
| One Div.: _____ Two Div.'s: _____ Three Div.'s: _____   |  |   |  |
| Cost: One Div. \$70.00 ♦ Two Div. \$80.00 ♦ Three Div. \$90.00  |  |   |  |

**PLEASE FILL IN PAGE 9 “MANDATORY LIST OF COMPETITORS” FORM AND FAX, MAIL, OR EMAIL FORMS. ALL FORMS WILL NEED TO BE IN OUR OFFICE BY TUESDAY, OCTOBER 17<sup>th</sup>.**

I, the undersigned, hereby submit my application for registration in this Taekwondo Championship. I voluntarily assume all risks in any way connected with my participation in the said championship and hereby waive all claims howsoever caused, including negligence, against any and all persons and any and all organizations and championship directors connected with the above actions and conduct during and in connection with the said championships.

I agree that my performance or attendance at the competition or both may be filmed or otherwise recorded or telecast live, and I consent to the use by the Tournament Officials and/or Directors of the above mentioned Championship, to use my name, likeness, voice, poses, pictures, and/or biographical data concerning me, fully or in any language with or without material throughout the world without limitation, for television, radio, and/or theatrical motion pictures by any device known or hereafter devised and I waive compensation therefore.

Date: \_\_\_\_\_ Signature of athlete: \_\_\_\_\_

Signature of Parent or Guardian (if under 18): \_\_\_\_\_

# **RING SUPPORT AND REFEREE APPLICATION FORM**

2017 34<sup>th</sup> Annual K. H. Min Invitational Taekwondo Championship

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**BLACK BELT DAN (circle one):**    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>

**DOJANG:** \_\_\_\_\_ **PHONE NUMBER:** (    ) \_\_\_\_\_

**PERSONAL CONTACT NUMBER:** (    ) \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**IF YOU ARE A REFEREE, PLEASE INDICATE WHICH LEVEL BELOW:**

**PRESENT REFEREE CLASS: (please circle)**

|                       |                             |                             |                             |                             |
|-----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>PROVINCIAL:</b>    | <b>P class</b>              | <b>3<sup>rd</sup> class</b> | <b>2<sup>nd</sup> class</b> | <b>1<sup>st</sup> class</b> |
| <b>NATIONAL:</b>      | <b>3<sup>rd</sup> class</b> | <b>2<sup>nd</sup> class</b> | <b>1<sup>st</sup> class</b> |                             |
| <b>INTERNATIONAL:</b> | <b>3<sup>rd</sup> class</b> | <b>2<sup>nd</sup> class</b> | <b>1<sup>st</sup> class</b> |                             |

**Please send applications to:**

**Organizing committee  
Grand Master K. H. Min Taekwondo  
10001-168 Street NW  
Edmonton, AB, T5P 3W9**

**Phone: 780.484.6524  
Fax: 780.481.9457  
Email: khmin@telusplanet.net**



**\*MANDATORY\* LIST OF COMPETITORS – MUST BE RECEIVED IN OUR OFFICE BY MAIL, EMAIL, OR FAX NO LATER THAN OCTOBER 17<sup>th</sup>, 2017.**

**CLUB NAME:** \_\_\_\_\_ **CLUB EMAIL:** \_\_\_\_\_

**\*A confirmation email will be sent to the Club Email provided to confirm athlete registrations.**

| No. | NAME | RANK<br>(gup) | AGE | M/F | Height<br>(cm) | Weight<br>(lbs) | DIVISIONS:<br>POOMSE, SPARRING,<br>WEAPONS (indicate<br>what weapon you will be<br>using below) |
|-----|------|---------------|-----|-----|----------------|-----------------|---|
| 1   |      |               |     |     |                |                 |   |
| 2   |      |               |     |     |                |                 |   |
| 3   |      |               |     |     |                |                 |   |
| 4   |      |               |     |     |                |                 |   |
| 5   |      |               |     |     |                |                 |   |
| 6   |      |               |     |     |                |                 |   |
| 7   |      |               |     |     |                |                 |   |
| 8   |      |               |     |     |                |                 |   |
| 9   |      |               |     |     |                |                 |   |
| 10  |      |               |     |     |                |                 |   |
| 11  |      |               |     |     |                |                 |   |
| 12  |      |               |     |     |                |                 |   |
| 13  |      |               |     |     |                |                 |   |
| 14  |      |               |     |     |                |                 |   |
| 15  |      |               |     |     |                |                 |   |
| 16  |      |               |     |     |                |                 |   |
| 17  |      |               |     |     |                |                 |   |
| 18  |      |               |     |     |                |                 |   |
| 19  |      |               |     |     |                |                 |   |
| 20  |      |               |     |     |                |                 |   |
| 21  |      |               |     |     |                |                 |   |
| 22  |      |               |     |     |                |                 |   |
| 23  |      |               |     |     |                |                 |   |
| 24  |      |               |     |     |                |                 |   |
| 25  |      |               |     |     |                |                 |   |

**WEAPON:**

**Grand Master K. H. Min Taekwondo Dojang**  
 10001 – 168 Street NW  
 Edmonton, AB, T5P 3W9  
 Phone: 780.484.6524 Fax: 780.481.9457  
 Email: khmin@telusplanet.net  
 www.edmontondragons.com

# Medical Fitness Form to Compete

This form **MUST BE COMPLETED** for your application to be accepted.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

**Mm/dd/yyyy**

Address \_\_\_\_\_ AHC# \_\_\_\_\_

1. I hereby certify that I have not suffered a concussion, head injury, loss of consciousness or blow to the head followed by dizziness, memory loss or headache **in any activity** in the past 30 days.

Signed \_\_\_\_\_

Under 18 years, Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

2. Have you suffered a head injury, loss of consciousness, concussion or blow to the head in the past 6 months?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

3. If **YES**, what symptoms did you have **after** the injury?

\_\_\_ dizziness    \_\_\_ blurred vision    \_\_\_ amnesia    \_\_\_ feeling in a fog  
\_\_\_ tingling    \_\_\_ headache    \_\_\_ irritability    \_\_\_ ringing in the ears  
\_\_\_ numbness    \_\_\_ nausea    \_\_\_ vomiting    \_\_\_ sensitivity to light  
\_\_\_ inability to concentrate    \_\_\_ seeing flashing lights

4. Of the above symptoms, do you still experience any of these?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**Grand Master K. H. Min Taekwondo Dojang**

10001 – 168 Street NW

Edmonton, AB, T5P 3W9

Phone: 780.484.6524    Fax: 780.481.9457

Email: khmin@telusplanet.net

www.edmontondragons.com