

ATA MARTIAL ARTS TOURNAMENT

Sioux Falls · South Dakota

October 4 & 5, 2019

FRIDAY, OCTOBER 4

4:00 CHEVRON CLINIC - CONVENTION CENTER

6:30 REGION 114 BLACK BELT TESTING
REGISTER ONLINE AT WWW.ATAREGION114.COM

6:30 ALL XMA AND CREATIVE - JUNIORS AND ADULTS
(ALL AGES - ALL RANKS - WHITE THROUGH BLACK)

7:30 1ST DEGREE MEN & WOMEN AGE 60[↑] COMPETE FRIDAY
2ND 3RD 4TH 5TH DEGREE ADULT BLACK BELT COMPETITION
(MEN & WOMEN AGE 18 AND UP)

ALL TEAM COMPETITION WILL BE THE LAST EVENT ON FRIDAY
(JUNIORS AND ADULTS)

SATURDAY, OCTOBER 5

****ALL XMA, CREATIVE AND TEAM COMPETITION ON FRIDAY NIGHT****

9:00 TINY TIGER COMPETITION

10:00 STAGING AGES 10 & UNDER (WHITE – BLACK)
(ALL OTHER COMPETITOR STAGING THROUGHOUT THE DAY)

10:30 BLACK BELT MEETING

11:00 INTRODUCTIONS / TOURNAMENT BEGINS



hosted by

CHIEF MASTER LARRY HOOVER

Go to www.hooversmartialarts.com for more information



Tournament Site and Hotel

Ramkota Hotel & Conference Center

\$106/night • \$136/night poolside

Call Direct for ATA Rate • (605) 336-0650

or Book online <http://bit.ly/HOOVERS2019>



2019 SIOUX FALLS REGIONAL - REGISTRATION FORM

Complete and Sign - Present this form with Registration Fee

NAME: _____ SEX: MALE FEMALE (circle one)

COMPETITION AGE: _____ (as of 12-31-19) BIRTHDATE: _____ FAMILY MEMBER: 3rd & Up

ATA # _____ (Lack of or incorrect ATA # will result in forfeiture of any points earned) COMPETITION RANK: _____

CITY, STATE: _____ JUDGING LEVEL (black belts only): _____

INSTRUCTOR'S NAME: _____ FOR MORE INFO SEE www.hooversmartialarts.com

COMPETITOR INFORMATION

I am competing as a: TIGER - Compete @ 9:00am MODIFIED ABILITY

JUNIOR NOVICE ADULT NOVICE (NOVICE: NO TOURNAMENT POINTS AWARDED)

JUNIOR ADULT

Age Division:

TIGER 8 & ↓ 9-10 11-12 13-14 15-17 18-29 30-39 40-49 50-59 60-69 70 & ↑

Check Rank You Are Competing As:

WHITE ORANGE YELLOW CAMO GREEN PURPLE BLUE

BROWN RED 1ST 2ND 3RD 4TH 5TH

I AM COMPETING IN THE FOLLOWING EVENTS

TRADITIONAL EVENTS: FORM/SPARRING (ONE STEPS) TRADITIONAL WEAPONS

XMA - CREATIVE: EXTREME FORMS EXTREME WEAPONS CREATIVE FORMS CREATIVE WEAPONS

COMBAT: COMBAT WEAPONS

TOTAL REGISTRATION FEES

TRADITIONAL INCLUDING

FORM/SPARRING & WEAPONS

1ST EVENT TRADITIONAL. . . . \$45

2ND EVENT TRADITIONAL. . . . \$20

COMBAT WEAPONS \$20

TRADITIONAL

(NOT DOING FORMS/SPARRING)

1ST EVENT TRADITIONAL . . \$35

2ND EVENT TRADITIONAL . . \$20

CREATIVE/ X-TREME

1ST EVENT \$20

2ND EVENT \$20

3RD EVENT \$20

4TH EVENT \$20

FORM AND SPARRING (AND/OR ONE STEPS) IS CONSIDERED ONE EVENT

***IF FORMS AND OR SPARRING IS ADDED LATER IT IS \$45, WITH NO RETROACTIVE DISCOUNT**

FAMILIES OF 3 OR MORE COMPETITORS WILL PAY REGULAR FEE FOR THE FIRST TWO FAMILY MEMBERS AND \$10 FOR EACH ADDITIONAL FAMILY MEMBER PER EVENT

_____ have applied to participate in the 2019 Sioux Falls Regional Championships. I understand that by registering in this tournament I am subjecting myself to possible injury as I am voluntarily engaging in a contact sport. Before signing the application to register, I was given an opportunity to ask questions that I may have had relating to any danger or harm that I could be exposed to, and I have either asked the questions or have chosen not to ask. By enrolling in this tournament I understand it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo program. These procedures and rules apply not only to my training but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the American Taekwondo Association and Larry Hoover's ATA Taekwondo, Inc. (including its officers, employees, agents, tournament organizers, and any other student), will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with the American Taekwondo Association or Larry Hoover's ATA Taekwondo, Inc., will be held liable for any injury, death or any other damages caused to me or my family, descendants, heirs or anyone assuming any right on my behalf, and I specifically waive any claim I may have against each persons or individuals.

As further consideration and as a basis for allowing me to participate in this tournament, I agree to assume any and all risk of harm, and I specifically agree to release the American Taekwondo Association and Larry Hoover's ATA Taekwondo, Inc., (including anyone connected with this tournament) as it relates to any damage, harm or injury that I may suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs or any personal representatives in the event of my death and for any damage, injury or harm that should occur by my participating in any training, tournament, summer camp or other program related to this participation in American Taekwondo Association.

I state that I am of legal age (at least 18 years of age) and that no court has declared that I cannot sign such documents. I understand that this is a binding agreement and that I am waiving certain rights, and I know before signing this I have the right to have it reviewed by an attorney. I have read this agreement and I understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in the ATA Taekwondo training and related activities.

Signature (Co-sign if competitor is a minor)

TO BE SIGNED BY PARENT OR GUARDIAN: As the parent and/or guardian of the person named above, we hereby wish to register, a minor, in the 2019 Sioux Falls Regional Championships and after reading the above terms and conditions, do hereby agree to the terms set forth above on behalf of the minor named herein. Since the person named above is a minor and I have agreed to the terms set forth above, I hereby agree to indemnify and save harmless the American Taekwondo Association and Larry Hoover's ATA Taekwondo, Inc., (including anyone connected with the organization) for any harm caused to the minor or should the minor later bring an action against any of the parties. I understand that I have agreed to pay any cost relating to any claim against the above-named persons (including legal fees to defend such action) and to pay any award of damages should one be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that I may personally have as the parent or guardian in the event of any harm, injury or damage.

Minor's Name

Parent or Guardian's Signature

2019 SIOUX FALLS REGIONAL TIGER FORM- TIGER WILL TAKE THIS FORM TO THE RING. THANK YOU.

TIGER'S NAME: _____
 CITY, STATE: _____
 INSTRUCTOR: _____
 ATA NO. _____

SEX _____ (BOY /GIRL)
 D.O.B. _____
 TIGER'S AGE: _____ (AS OF 12-31-19)
 TIGER BELT RANK COLOR: _____

I AM COMPETING IN:

- FORM SA1 SA2 SA3 SA4 SA5 IW1 IW2 CJ1 CJ2
- SPARRING OR 1-STEPS (circle one)
 1ST ONE STEP TIGER WORDS _____
 2ND ONE STEP TIGER WORDS _____
- WEAPONS USING _____ (ADDITIONAL FEE)
- COMPAT SPARRING (ADDITIONAL FEE)



2019 SIOUX FALLS REGIONAL – TAKE THIS FORM TO YOUR RING. THANK YOU.

NAME: _____
 CITY, STATE: _____
 INSTRUCTOR: _____
 ATA NO. _____ (LACK OF OR INCORRECT ATA# WILL RESULT IN FORFEITURE OF ANY POINTS EARNED)

SEX _____ (M / F)
 D.O.B. _____
 COMPETITION AGE: _____ (AS OF 12-31-19)

CIRCLE DIVISION YOU ARE COMPETING IN:

CIRCLE RANK COMPETING AS:

MODIFIED ABILITY

JUNIOR JUNIOR NOVICE
 ADULT ADULT NOVICE

W O Y C G P BL BR RED
 1ST 2ND 3RD 4TH 5TH

- I AM COMPETING IN: FORMS 1-STEPS OR SPARRING
- I AM COMPETING IN: WEAPONS USING _____ (ADDITIONAL FEE)
- I AM COMPETING IN: COMPAT SPARRING (ADDITIONAL FEE)

Juniors / Adults

 Traditional

2019 SIOUX FALLS REGIONAL – TAKE THIS FORM TO YOUR RING. THANK YOU.

NAME: _____
 CITY, STATE: _____
 INSTRUCTOR: _____
 D.O.B. _____ SEX: _____ (M / F)
 ATA NO. _____ (LACK OF OR INCORRECT ATA# WILL RESULT IN FORFEITURE OF ANY POINTS EARNED)
 COMPETITION AGE: _____ (AS OF 12-31-19)

CIRCLE DIVISION YOU ARE COMPETING IN:

FEMALE COLOR BELTS FEMALE BLACK BELTS
 MALE COLOR BELTS MALE BLACK BELTS

- I AM COMPETING IN: EXTREME FORMS EXTREME WEAPONS
- I AM COMPETING IN: CREATIVE FORMS CREATIVE WEAPONS

XMA

 Creative

\$75 Per Team Event



ATA Team Sparring Roster



This roster must be completed and turned in to the Regional Tournament Team Leader (RTTL) overseeing the tournament on the Friday before the tournament.

Tournament: _____ Class: _____ Date: _____ / _____ / _____

SPARRING

COMBAT SPARRING

Rookies (12 & under)
 Junior Varsity (14 & under)
 Varsity (17 & under)
 Elites (18-39)
 Legends (40 & up)

Team Name: _____ Region: _____ State: _____ Team ID Number: _____

Head Coach: _____ HEAD COACH EMAIL: _____

COMPETITOR INFORMATION

COMPETITOR NAME	ATA NUMBER	SCHL #	GENDER M/F	STARTER / ALTERNATE	TOURNAMENT AGE	COMP. D.O.B.
1						
2						
3						
4						
5						

↓ REGIONAL TOURNAMENT TEAM LEADER USE ONLY ↓

RTTL NAME: _____

RTTL EMAIL: _____

RTTL CELL PHONE: _____

Received before the deadline? Yes No

Certified Coach Onsite? Yes No

Approved to compete? Yes No