



REVOLUTION'S INTER-CLUB TAEKWONDO COMPETITION POOMSAE & SPARRING Sunday, November 14th



Moorleigh Community Village, Bignell Rd, East Bentleigh
Melways Ref: 78 B5

Best on the Day Award
Sausage Sizzle

Entry Cost: \$20.00 One Event \$30.00 Poomsae & Sparring
Spectators Free

Time: Poomsae Arrive 10.30 am Start 11.00 am
 Sparring Arrive 12.30 pm Start 1.00 pm

Entry Form:

Poomsae*

Sparring

*Two Poomsae must be completed

Tick if you are 15 years or older and would like head kicks:

NO head kicks for under 15 years

Name	
Club	
Belt	
Age	
Gender	
Weight	

First Poomsae Option: _____

Second Poomsae Option: _____

(can be same as the first)

Poomsae Options by Belt Colour:

YELLOW	BLUE	RED
Il Jang	Sam Jang	Yuk Jang
E Jang	Sa Jang	Chil Jang
	O Jang	Pal Jang

Poomsae Options for Black Belt

Koryo	Pyongwon	Chonkwon
Keumgang	Sipjin	Hansu
Taebaek	Jitae	Ilyeo

For further information:
Email:

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Ray Povh 0412 567 698

WWW.REVOLUTIONTAEKWONDO.COM



**REVOLUTION'S INTER-CLUB
TAEKWONDO COMPETITION
POOMSAE & SPARRING
Sunday, November 14th
MEDICAL CONSENT FORM**



This form is intended to be used to assist the organisers in the case of any medical treatment required or medical emergency involving a participant on a camp, tournament or other off site activity.

The organisers collect the information contained in this form to provide or arrange first aid and other medical treatments for participants. The information collected will be held by the organisers and will be made available to staff of the organisers and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of *The Privacy Act 1998 (Cwth)*.

I, the applicant, or parent/legal guardian of the applicant, hereby acknowledge and declare for myself, my heirs, executors and legal representatives that, in relation to:

(State Competitors Full Name) _____

I/the above player have the following condition/allergy which could affect medical assessment or treatment:

In the event of any illness and/or accident, I hereby authorise and direct Revolution Taekwondo and/or its authorised representatives to seek and obtain all necessary medical and/or surgical treatment as may be required and I accept the responsibility for payment and/or reimbursement of all medical expenses incurred on my behalf by Revolution Taekwondo.

I undertake that I/the above player will observe and comply with all reasonable directions and decisions of Revolution Taekwondo's officials and instructors.

I hereby acknowledge that a condition of entry to the event is that I will indemnify and keep indemnified Revolution Taekwondo, its committees, trustees, servants, agents, instructors or members against any liability arising from my participation in the event or from any pre-event training and preparation or other activity related to the event and from travel to and from the event or activities. I further confirm that I have current and valid insurance coverage from TA or STA.

I understand that the above player cannot compete if they have been concussed within 30 days prior to this competition and hereby confirm that they have not been so concussed. I also confirm that, in the event that a concussion has occurred prior to that, medical clearance for participation has been obtained.

I acknowledge that photographs/video may be taken during the competition by the organisers or other persons and that I may appear in the photographs. I authorise Revolution Taekwondo to use and authorise use of the photographs taken at this competition for promotional purposes, including publication on Revolution Taekwondo websites. I will make no claim against Revolution Taekwondo for any fee or royalty in relation to the use of the photographs.

I, being the APPLICANT / PARENT / LEGAL GUARDIAN OF THE APPLICANT, hereby acknowledge and declare that I have read and fully understand the terms and conditions set out in the application and consent to be bound by such conditions.

Signed _____ Applicant / Parent / Legal Guardian (please circle)

Head Instructor _____ Signature _____

Date _____/_____/_____

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