

2013 Spring Hill Challenge AAU Sanctioned January 26, 2012

COMPETITION VENUE: Powell Middle School

4100 Barclay Ave. Brooksville, FL Phone: (352)797-7095 ext.299 For information please call Tina(352) 684-7933 or Mr. C(352) 232-8185 e-mail: carlosdragon968@aol.com

HOTEL: Holiday Inn Express 14112 Cortez Blvd Brooksville, FL 34613 Phone: (352)597-4540

ATHLETE ARRIVAL: Pre-registration is preferred. If you are registering at the door you should plan to arrive no later than 9:00 a.m. in order to insure proper check-in.

COMPETITION:

Team Forms / Forms / Point sparring / Olympic sparring ENTRY FEES: You may register on site. Cost is \$59.00

Novice Division Only One Event.....\$35.00 Two Events.....\$49.00

Intermediate, Advanced and Black Belt Divisions One or Two

Events.....\$49.00 Black Belt Team Forms Team Fee.....\$40.00 per Team

Spectators Adult (18+).....\$6.00 Children (5-17 yrs).....\$4.00 Children 4 & Under.....FREE

REGISTRATION ENTRY DEADLINE: By Mail post marked Jan 18, 2013 You must be a 2012-2013 A.A.U. member. Coaches must take the on-line coaches clinic prior to event. Officials clinic will be held at Powell Middle School on 01/25/2013.

Register at www.aausports.org for membership or at the tournament PAYMENT INFO: Money Order, Cashiers check, Cash, Checks -Only. Payable to: Carlos Carrasquillo TOURNAMENT DIRECTOR: David Turnbull 30132 Magnolia Ave. Sorrento, FL 32776 (352)255-7707 www.floridataekwondofederation.com ohjang@aol.com

This event is sanctioned by the Amateur Athletic Union of the U. S., Inc. All participants must have a current AAU membership. AAU membership may not be 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.

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INDIVIDUAL COMPETITORS

APPLICATION FORM

(Please Print Clearly or Type)

Last Name _____ First Name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

E-Mail Address: _____ Phone #(_____) _____

Date of Birth ____/____/____ Competition Age (as of 8/31/2013) _____

Check Competitions you wish to participate in: ____ Forms ____ Point Sparring OR ____ Olympic Sparring

Competition Weight _____ lbs. (Please be accurate) Sex: ____ Male ____ Female
Competition Rank ____ Novice ____ Intermediate ____ Advanced ____ Black
(____ Dan) (White, Yellow, Orange) (Green, Purple, Blue) (Red,
Brown) AAU Association: Florida or Other: _____ AAU #
(required) _____

Pending is not accepted Tae Kwon Do School Affiliation:

U Club Code _____ NOT REQUIRED School

Name _____

School Address _____

E-Mail Address _____ Phone #(_____) _____

Competition Fee: *Novice --One Event \$35 or *Two Events \$49

*All Other Ranks -One or Two Events \$49

Payable to: Carlos Carrasquillo Money Order, Cashiers check, or Cash . There will be NO REFUNDS issued.

Mail To:

Dragon's Dojo Inc 3071 Commercial Way, Spring Hill, FL 34606

In consideration for the acceptance of this application which is voluntarily submitted by me, I intend to be legally bound hereby for myself, executors, and administrators and do waive and release any and all rights and claims for physical, mental, and emotional damages or death which I might have against the AAU, Florida AAU, Carlos Carrasquillo, Dragon's Dojo Inc., Powell Middle School, Hernando County School Board, City of Brooksville and any others connected with this event for any and all injuries suffered, damages, actions, or causes, or causes of actions, whatsoever, to my person or property.

I also state that I will abide by all the rules and regulations as set forth by the tournament director and acknowledge that my failure to do so may result in my immediate expulsion without refund or any money paid.

Competitors Signature (or Parent/Legal Guardian if Competitor is under 18 years of Age) Date