



SATURDAY, FEBRUARY 27, 2016

Oak Lawn Pavilion 9401 South Oak Park Ave Oak Lawn, IL. 60453

Doors open at 9:00 am Coaches meeting at 9:30 am Competition begins at 10:00 am

Hosted by: ChampYon Taekwondo USA

Sanctioned by AAU

For More Information Contact Master Luciano Medina 773-375-5330

DOWNLOAD INFO PACKET AT

www.champyontkd.com www.illinoistaekwondo.com



Certified Referee Seminar



FRIDAY, FEBRUARY 26, 2016

HOSTED BY: AAU Taekwondo in Illinois

SANCTION BY: AAU (Amateur Athletic Union)

PRESENTED BY: (ChampYon Taekwondo USA)

3657 E. 112th Street Chicago, IL. 60617

Tel. 773-375-5330

TIME: 8:00 PM TO 10:00 PM FEE: \$35

To be eligible for referee certification or upgrade, you must have current **AAU** membership and be able to provide proof of black belt certificate.

DOWNLOAD APPLICATION AND INFO PACKET AT

www.champyontkd.com www.illinoistaekwondo.com



Your Invitation to the 2016 AAU IL State Championship

Dear Taekwondo Masters, Instructors, Students, & Families:

I am pleased to announce the 2016 AAU Taekwondo IL State Championship to be held in the Oak Lawn Pavilion 9401 Oak Park Ave. Oak Lawn, IL. 60453 This year's

tournament will be held Saturday, February 27, 2016.

Remember, you no longer have to attend a coaching seminar...all coaching certifications are done online at www.aautaekwondo.org. Since all coaching seminars are online, there are no "in person" coaching seminars for 2016.

It is my goal to make this the best AAU IL State Tournament ever! I am committed to making sure that we have the best possible judges and equipment available. The goal of our AAU IL State Championship is to make everyone have a positive experience.

I thank you for your continued enthusiastic support of Taekwondo. I believe we have created something truly special in our community through the positive teachings of Taekwondo. Our AAU IL State Championship Tournament allows students of all ages and levels the chance to experience the thrill of competition in a fair, safe, and supportive environment. I promise you will have an enjoyable and rewarding competition day and I look forward to seeing you on February 27, 2016.

Sincerely,

Master Luciano Medina AAU/USA National Team Coach champyon1030@gmail.com

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GENERAL INFORMATION

This is a qualifying event for AAU Nationals to be held in Fort Lauderdale

Tournament Director Master Luciano Medina

Date Saturday, February 27, 2016

Time 10:00 am begins with Forms (All ages and all color belts) follow by breaking

Competition in Sparring / Forms / Breaking

Register ONLINE REGISTRATION IS AVAILABLE at www.champyontkd.com

Early registration for one event \$75.00 by Monday, February 22nd. Late registration \$85.00 by Thursday, February 25th. At the door \$20.00 Late fee.

Each additional event add \$10. At the door \$20

Location Oak Lawn Pavilion

9401 S. Oak Park Ave Oak Lawn, IL. 60453

Spectator Fee Adults 12 years old and up \$10, Children 11 and under \$7, 5 years old and under **FREE**

Competition Age 5 years old -Up

Referees All referees must be AAU certified. We will conduct a referee Seminar on Friday, February 26th from 8-10 pm at **ChampYon**

Taekwondo USA Academy 3657 E. 112th St. Chicago, IL. 60617

Awards Medals will be awarded for 1st, 2nd, and two 3rd places.

Security Security will be extremely strict: You must have proper credentials.

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 except where

the event operator has a laptop available with an internet connection. Be Prepared: Adult and Non Athlete Memberships are no longer instant and cannot be applied for at event.

Please allow 10 days for memberships to be processed. Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership.



2016 Illinois State Taekwondo Championship Saturday, February 27, 2016

All Coaches Must Take the Online 2016 Clinic Prior to Competition

All coaches must take the required AAU Taekwondo Online Coaches Certification Course. Coaches must complete the course and bring their certification card with them to all AAU Taekwondo events in order to coach. **NO EXCEPTIONS.** Information on this course is available at **www.aautaekwondo.org.**

COACH'S PASS FEE: \$20 (for every 10 students, pay for 1 and get 1 FREE)

RULES:

AAU Taekwondo Rules as documented in the 2016 AAU Taekwondo Handbook shall apply. See the 2016 AAU Rulebook for a detailed listing of all divisions. Rules can be downloaded at www.aautaekwondo.org. All competitors, officials and coaches must be AAU members. There are no "in person" coaching clinics in 2016. You must take the online coach's course at www.aautaekwondo.org.

Uniform and Sparring Gear for State Championship:

Only white uniform will be allowed. Trim on collar, school name on back of uniform top, and school patches will be allowed. National competition requirements are stricter. Only equipment as defined in the 2016 AAU Taekwondo Rules will be accepted.

For Additional Tournament Information Please Contact Master Luciano Medina (773) 375-5330 or champyon1030@gmail.com

DOWNLOAD APPLICATION AND INFO PACKET AT

www.champyontkd.com www.illinoistaekwondo.com

2016 AAU Illinois Taekwondo State Championship ~Coach Registration Form~

~Coach Registration Form~

Mail Completed Form Along with Payment (Money Order – NO Checks) to:
Master Luciano Medina, 3657 E. 112th St. Chicago, IL. 60617
PRE-REGISTRATION FEE: \$20 by February 22nd. 2016
LATE REGISTRATION FEE: \$30 by February 25th, 2016
At the door \$20 LATE FEE

REGISTER ONLINE AT www.champyontkd.com

Last Name:	First Name:	M.I:		
Street Address:				
City:	State:	Zip Code:		
Phone Number:	Email Address:			
Age: (As of Aug 31st, 2014) Rank:	Male/Femal	e:		
Taekwondo School:	Birth Date (mm/dd/yyyy)			
Instructor:	Phone Number:			
*Please note: This application will be rejected without your 2016 AAU membership number. You may register online at www.aausports.org to receive your 2016 AAU membership number. Please have your 2016 card or a copy of your 2016 card available at the door. You must complete the Online coaches clinic for 2016 to coach at this event Payment Type: Cash Visa MC Discover				
Your 2016 AAU coaches Number:		Exp		
AAU Membership is not included as part o before the competition. Be Prepared: Adult and Non-Athlete membership Please allow 10 days for membership to be process.	ps are no longer insta	ant and cannot be applied for at the event.		
LIABILITY WAIVER IN CONSIDERATION OF YOUR ACCEPTANCE OF MY REC MINISTRATORS WAIVE, RELEASE AND FOREVER DISCH HAVE, OR WHICH MAY ACCURE TO ME, AGAINST THE C AFFILIATES, AND FOR OAK LAWN PAVLION OR ANY OOR OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESENT AND ALL DAMAGES WHICH MAY BE SUSTAINED BY MI ENTRY IN THE ABOVE ATHLETIC EVENT AND COMPETI PROVIDED IN CONNECTION WITH ANY SUCH INJURY O CAUSE INJURY OR DEATH AND I TAKE FULL RESPOSIBL BE DISMISSED FROM THE PREMISIS WITHOUT COMPEN TIVE FOR THE SUCCESSFUL OPERATION OF THE TOURN USED BY THE CHAMPYON TAEKWONDO USA FOR PROM	ARGE ANY AND ALL RICHAMPYON TAEKWONI FITS AFFILIATES, AND OR ASSIG EIN CONNECTION WITH TION, AND IN CONNECT RILLNESS. I UNDERSTAL LITY FOR MYSELF, SON, SATION OR REFUND IF IN	IGHTS AND CLAIMS FOR DAMAGES WHICH I MAY DO USA, OR ITS DIRECTORS, AND FOR ANY OF ITS OR ANY AND ALL MEMBERS OR THE TOURNAMENT NS, AND AGAINST ANY COMPETITORS FOR ANY I MY ASSOCIATION WITH MY PARTICIPATION IN OR FION WITH ANY MEDICAL SERVICES THAT MAY BE AND THIS IS A FULL CONTACT SPORT AND CAN I, DAUGHTER. I FURTHER UNDERSTAND THAT I MAY MY CONDUCT IS NOT CURTEOUS AND COOPERAD THAT MY PHOTOS TAKEN AT THIS EVENT MAY BE		
Signature:		Date:		

Date:

Guardian or Parent:



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Picture	#		



AAU TAEKWONDO OFFICIAL CERTIFICATE APPLICATION FORM

I took the current online coaches clinic	Con	mpletion date of cl	inic		
If you cannot show proof of taking the	online clinic, you	must pay the \$35 o	clinic fee for this clinic		
First Name:		_Last:			
Address:					
City:	State:	Zip):		
Phone:	Ema	ail:			
Date of Birth:	Age:	Sex:	AAU District:		
Current AAU Membership #:		_ Country in which	you reside		
Have you taken an AAU Official's Clir	<u>າic</u> Within the lasf	t 5 years?	If no, skip next line		
What is your classification?What is your certification number?					
Do you train in Martial Arts? If so, what rank (s) do you hold?					
What forms do you study? (Put an "X"	" by all the apply)	WTF	ITFTSD/MDK		
Indicate an AAU - TKD office (s) you o	currently hold		Regional District SportsDirectorDirector		
M. A. School					
Instructor					
Please indicate the clinic you will be attending Clinic location Champyon Taekwondo USA IL District Clinic Date February 26. 2016					
Can be filled out by clinic administrator and used for receipt					
Name		5How	pd:Ck#		
Signature / Initials of clinic administrator					

2016 AAU Illinois Taekwondo State Championship ~Athlete Registration Form~

Mail Completed Form Along with Payment (Money Order – NO Checks) to: Master Luciano Medina, 3657 E. 112th St. Chicago, IL. 60617

PRE-REGISTRATION FEE: \$75 for one event, \$85 for two events, \$95 for three events by February 22nd 2016 LATE REGISTRATION FEE: \$85 for one event, \$95 for two events \$105 for three events by February 25th 2016 At the door \$20 LATE FEE

REGISTER ONLINE AT www.champyontkd.com

Last Name:	First Name:	M.I:	
Street Address:			
City:	State:	Zip Code:	
Phone Number:	Email Address:		
Age: (As of Aug 31st, 2016) Weight:	Male/Female:	Rank:	
Taekwondo School:	Birth Date (mm/dd/yyyy)		
Instructor:	Phone Number:		
*Please note: This application will be rejected without y You may register online at www.aausports.org to receiv Please have your 2016 card or a copy of your 2016 card Check the division in which you are competing Sparring Forms Breaking	e your 2016 AAU membership nu	umber.	
Sparring Forms Breaking		Exp	
AAU Membership is not included as part obtained before the competition Be Prepared: Adult and Non-Athlete members Please allow 10 days for membership to be produced.	hips are no longer instant an		
LIABILITY WAIVER IN CONSIDERATION OF YOUR ACCEPTANCE OF MY R MINISTRATORS WAIVE, RELEASE AND FOREVER DISC HAVE, OR WHICH MAY ACCURE TO ME, AGAINST THI AFFILIATES, AND FOR AOK LAWN PAVILION OR ANY OR THEIR RESPECTIVE OFFICERS, AGENTS, REPRESEN AND ALL DAMAGES WHICH MAY BE SUSTAINED BY I ENTRY IN THE ABOVE ATHLETIC EVENT AND COMPE PROVIDED IN CONNECTION WITH ANY SUCH INJURY CAUSE INJURY OR DEATH AND I TAKE FULL RESPOSE BE DISMISSED FROM THE PREMISIS WITHOUT COMPE TIVE FOR THE SUCCESSFUL OPERATION OF THE TOUT USED BY THE CHAMPYON TAEKWONDO USA FOR PRO-	CHARGE ANY AND ALL RIGHTS E CHAMPYON TAEKWONDO USA OF ITS AFFILIATES, AND OR AN NTATIVES, AND OR ASSIGNS, AN ME IN CONNECTION WITH MY A CTITION, AND IN CONNECTION WOR ILLNESS. I UNDERSTAND THE BLITY FOR MYSELF, SON, DAUGENSATION OR REFUND IF MY CORNAMENT. I UNDERSTAND THA	AND CLAIMS FOR DAMAGES WHICH I MAY A, OR ITS DIRECTORS, AND FOR ANY OF ITS IY AND ALL MEMBERS OR THE TOURNAMENT ID AGAINST ANY COMPETITORS FOR ANY SSOCIATION WITH MY PARTICIPATION IN OR WITH ANY MEDICAL SERVICES THAT MAY BE HIS IS A FULL CONTACT SPORT AND CAN SHTER. I FURTHER UNDERSTAND THAT I MAY DIDUCT IS NOT CURTEOUS AND COOPERAT MY PHOTOS TAKEN AT THIS EVENT MAY BE	
Signature:		Date:	
Guardian or Parent:		Date:	