



2017 Palm Beach Open Tae Kwon Do Championship

- DATE:** November 18th, 2017
- TIME:** Credential Pick up – 8:00 a.m.; Competition begins at 9:00 a.m.
- LOCATION:** Santaluces Community High School,
6880 Lawrence Road, Lantana, FL, 33462
- ENTRY FEES:** Individual Events: \$85 for one event; \$95 for two; \$105 for 3; \$115 for 4 events,
Pair Poom Se \$80 (\$40 Per Competitor) Team Poom Se \$120 (\$40 Per Competitor)
- COACHES:** \$40 Coach Pass
- DEADLINE:** REGISTRATION DEADLINE – November 17, 2017
- RULES:** Modified WTF Rules – Head contact allowed for Black Belts 12 years old and up and Colored Belts 15 years and up. **Daedo Electronic Scoring for Black Belts**
---- **Competitors Must Bring Your Own DAEDO Socks. (No DAEDO “E” Head Gear and No Heal Socks are allowed).**
- COMPETITOR: MANDATORY EQUIPMENT:**
Headgear, mouthpiece, chest protector, instep and shin guards, arm guards, and cup (male only), **DAEDO Electric Socks. (No DAEDO “E” Head Gear and No Heal Socks are allowed).**
- INTRODUCING:** Technical Breaking for all ages; Speed Spinning & Power Breaking
There will be a free Surprise Event for all competitors to compete in.
- SPECIAL EVENT:** Competition for Special Needs (such as Down Syndrome and/or ASD) Children.
This event will be Sponsored by TaeKwonDo One Dream Foundation and TKD Sports and Health Foundation, allowing the Special Needs Competitors to Compete in a special program of Poom Se and Breaking. **There will be NO Event Fee’s for these Competitors.**
- SPECTATORS:** General admission is \$10 – except children 5 and under is free.
- QUESTIONS:** Master Chang Lim (954)-655-4404
Master Mark Antonucci (561)-699-8992
- HOST HOTEL: Marriott Courtyard Boynton Beach**
1601 N. Congress Ave, Boynton Beach, FL 33426
Room Rate \$95 per night
[Book your group rate for Tae Kwon Do Competition](#)
Last Day to Book with the discount is September 1st, 2017



2017 Palm Beach Open Tae Kwon Do Championship

COACH REGISTRATION

WHERE:

Santaluces Community High School
6880 Lawrence Road
Lantana, FL, 33462

WHEN:

Saturday, November 18th, 2017
Credential Pick-up: 8:30 a.m.
Competition begins at 9:00 a.m.

Coach Registration \$40

Name: _____
Last First Middle

Address: _____
Street City State Zip Email

Age: _____ Weight: _____ Belt: _____ Gender: Male Female

School Name: _____ Instructor: _____

Online Registration: www.PBOTKD.com

Registration Deadline: November 17, 2017

Mail Registration: 6169 Jog Rd Ste C7, Lake Worth, FL, 33467

Check Payable To: Korea Tae Kwon Do Martial Arts

Email: PBOTKD@gmail.com

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against Korea Tae Kwon Do Academy, Inc., Korea Tae Kwon Do Martial Arts, Inc., their employees, officers and/or directors and all members of this tournament, or their respective officers, medical committee, agents, representatives, successors, volunteers, owners and lessor of premises on which the tournament takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connections with my association with or entry in the above tournament. I understand the nature of Taekwondo activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this tournament. I understand that Taekwondo activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, term and/or the actions or inactions of others participating in the tournament. I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent allowed and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Print: Name of Competitor

Signature of Competitor (or Parent/Legal Guardian)

Date



2017 Palm Beach Open Tae Kwon Do Championship

SPECIAL EVENT REGISTRATION

WHERE:

Santaluces Community High School
6880 Lawrence Road
Lantana, FL, 33462

WHEN:

Saturday, November 18th, 2017
Credential Pick-up: 8:30 a.m.
Competition begins at 9:00 a.m.

ELIGIBILITY FOR PARTICIPATION IN PALM BEACH OPEN TAEKWONDO CHAMPIONSHIP SPECIAL EVENT: Every person with Intellectual Disabilities is eligible to participate in PBOTKD. A person is considered to have Intellectual Disabilities if that person satisfies any one of the following requirements: 1) person has been identified by an agency or professional as having Intellectual Disabilities, 2) person has a cognitive delay, as determined by standardized measures such as intelligent quotient or "IQ" testing or other measures which are generally accepted as being a reliable measurement of the existence of a cognitive delay, or 3) person has a closely related developmental disability. A "closely related developmental disability" means having functional limitations in both general learning (such as IQ) and in adaptive skills (such as in recreation, work, independent living, or self-care). Persons whose functional limitations are based solely on a physical, behavioral, emotional disability, or a specific learning or sensory disability are not eligible to participate in PBOTKD Special Event.

SECTION A – ATHLETE INFORMATION*Required for all Special Event Athletes.**Please print clearly in blue or black ink.*

SCHOOL / MASTER / INSTRUCTOR: _____ YEAR STARTED IN TAEKWONDO: _____

EVENT REGISTRATION Poom Se Breaking**ATHLETE INFORMATION**

ATHLETE NAME: (LAST) _____ (FIRST) _____ (NICKNAME) _____

DATE OF BIRTH (month/day/year): ____/____/____

GENDER (circle): Male Female

ADDRESS: _____ (APT/STE) _____ HOME PHONE: (____) _____

CITY: _____ STATE: ____ ZIP: _____ MOBILE PHONE: (____) _____

EMAIL: _____

HEALTH INSURANCE COMPANY: _____ POLICY #: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ HOME PHONE: (____) _____

ADDRESS: _____ MOBILE PHONE: (____) _____

CITY: _____ STATE: ____ ZIP: _____ WORK PHONE: (____) _____

EMAIL: _____

PARENT/GUARDIAN EMPLOYMENT INFORMATION

EMPLOYER: _____ EMPLOYER PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: ____ Zip: _____

EMERGENCY CONTACT INFORMATION

CONTACT: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ MOBILE PHONE: (____) _____



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SECTION B – ATHLETE HEALTH INFORMATION *Required for all Special Event Athletes.*

Please print clearly in blue or black ink.

MEDICAL HISTORY

IMPORTANT: Any significant change in the athlete's health or condition should be reviewed by a licensed examiner before further participation.

	Yes	No		Yes	No
1. Heart Disease/Heart Defect/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	14. Allergy to the following (be specific)	<input type="checkbox"/>	<input type="checkbox"/>
2. Chest Pain or Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Medicine _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Seizures/Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Foods _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Insect Sting/Bite _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	15. Special Diet (neck Have cervical	<input type="checkbox"/>	<input type="checkbox"/>
spine (neck bone) x-rays been done	<input type="checkbox"/>	<input type="checkbox"/>	16. Exercise induced wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Atlanto Axial Instability	<input type="checkbox"/>	<input type="checkbox"/>	17. Tendency to bleed easily	<input type="checkbox"/>	<input type="checkbox"/>
6. Parent/Sibling (under 40) died of heart disease	<input type="checkbox"/>	<input type="checkbox"/>	18. Emotional/psychiatric/behavioral problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Absence of one kidney or testicle	<input type="checkbox"/>	<input type="checkbox"/>	19. Serious bone or joint disorder	<input type="checkbox"/>	<input type="checkbox"/>
8. Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/>	20. Sickle cell trait or disease	<input type="checkbox"/>	<input type="checkbox"/>
9. Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/>	21. Hearing aid/hearing loss	<input type="checkbox"/>	<input type="checkbox"/>
10. Heat stroke/exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	22. Contact lenses/eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>
11. Other problem that would interfere w/ sports participation	<input type="checkbox"/>	<input type="checkbox"/>	23. Dentures/false teeth	<input type="checkbox"/>	<input type="checkbox"/>
List _____			24. Immunizations (shots) are up-to-date	<input type="checkbox"/>	<input type="checkbox"/>
12. Impaired motor ability	<input type="checkbox"/>	<input type="checkbox"/>	25. Date of last tetanus shot	____/____/____	
13. Uses a wheelchair	<input type="checkbox"/>	<input type="checkbox"/>			

ADDITIONAL COMMENTS

MEDICATIONS

Please print medication name, amount, date prescribed and number of times per day medication needs to be taken

PERSON COMPLETING FORM (normally parent/guardian or adult athlete) _____ Signature

IF HISTORY SIGNED BY ADULT ATHLETE – I have reviewed the health history with the athlete whose signature appears above

Signature _____ Date _____ Relationship to athlete (family member, friends, coach) _____

SECTION C - MEDICAL CERTIFICATION.

MUST BE PERFORMED AND COMPLETED BY A LICENSED MEDICAL EXAMINER (PHYSICIAN, PHYSICIAN ASSISTANT, OR CHIROPRACTOR)

EXAMINER'S NOTE: If the athlete has Down Syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto- Axial Instability before he/she may participate in sports or events which, by their nature may result in hyperextension, radical flexion or direct pressure on the neck or upper spine. The sports and events for which such a radiological examination is required are: gymnastics, pentathlon, butterfly stroke in aquatics, diving start in aquatics, high jump, & soccer (football).

BRIEF EXAM: HT _____ WT: _____ PULSE: _____ B.P. _____ ENT: _____ HEART: _____ LUNGS: _____

I have reviewed the above health information and examined the athlete named in the application, and certify there is no medical reason available to me which would preclude the athlete's participation in Palm Beach Open Taekwondo Championship.

RESTRICTIONS _____

Examiner's Signature _____ Date: _____

Examiner's Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____



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SECTION D - WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

Required for all Special Event Athletes.

No Online Registration for Special Event Registration Registration Deadline November 17, 2017

Mail Registration to: 6169 Jog Rd Ste C7, Lake Worth, FL, 33467 Email Registration to:

PBOTKD@gmail.com

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against Korea Tae Kwon Do Academy, Inc., Korea Tae Kwon Do Martial Arts, Inc., their employees, officers and/or directors and all members of this tournament, or their respective officers, medical committee, agents, representatives, successors, volunteers, owners and lessor of premises on which the tournament takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connections with my association with or entry in the above tournament. I understand the nature of Taekwondo activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this tournament. I understand that Taekwondo activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, term and/or the actions or inactions of others participating in the tournament. I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent allowed and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Print: Name of Competitor

Signature of Competitor (or Parent/Legal Guardian)

Date



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Poom Se Requirements

All Color Belt Division - Individual, Pair (2) & Team (3) (divisions will be divided into rank at staging)	
Yellow	Taegeuk 1 or 2
Green	Taegeuk 3 or 4
Blue	Taegeuk 5 or 6
Red	Taegeuk 7 or 8

Black Belt Traditional Poom Se - Pair (2) & Team (3) (divisions will be divided into rank at staging)	
6 - 7 Years Old	Koryo or Keumgang
8 - 9 Years Old	Koryo or Keumgang
10 - 11 Years Old	Koryo or Keumgang
12 - 14 Years Old	Koryo or Keumgang
15 - 17 Years Old	Koryo or Keumgang
18 - 30 Years Old	Koryo or Keumgang
31 - 40 Years Old	Koryo or Keumgang
41 - 50 Years Old	Koryo or Keumgang
51 + Years Old	Koryo or Keumgang

Black Belts Individual Sports Poom Se (divisions will be divided into rank at staging)		Black Belts Individual Traditional Poom Se (divisions will be divided into rank at staging)	
6 - 7 Years Old	Taegeuk 3 / Koryo	6 - 7 Years Old	Koryo or Keumgang
8 - 9 Years Old	Taegeuk 8 / Koryo	8 - 9 Years Old	Koryo or Keumgang
10 - 11 Years Old	Taegeuk 7 / Koryo	10 - 11 Years Old	Koryo or Keumgang
12 - 14 Years Old	Taegeuk 4 / Koryo	12 - 14 Years Old	Koryo or Keumgang
15 - 17 Years Old	Taegeuk 6 / Koryo	15 - 17 Years Old	Koryo or Keumgang
18 - 30 Years Old	Koryo / Taebaek	18 - 30 Years Old	Koryo or Keumgang
31 - 40 Years Old	Keumgang / Pyoungwon	31 - 40 Years Old	Koryo or Keumgang
41 - 50 Years Old	Pyoungwon / Sipjin	41 - 50 Years Old	Koryo or Keumgang
51 + Years Old	Pyoungwon / Chonkwon	51 + Years Old	Koryo or Keumgang



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Technical Breaking

All Boards must be purchased from Vendor at the Competition

Spinning Speed Breaking: Using Only Tornado and/or Spinning Hook Kicks. Competitor will have 10 Small Boards and the Competitor Whom Breaks all the Boards the Fastest Wins.

- Small Board(s) for all Competitors all Ages
- Divisions will be divided into rank at staging

Rules, Competitor will have the opportunity to break all 10 Boards with either of or a combination of Tornado And Spinning Hook Kicks.

The Competitor whom breaks all 10 Boards the Fastest wins.

The Referee or Judge will Time the breaking sequence.

Competitors will have to purchase the boards at the Competition.

Power Breaking: The most Boards Broken in one Technique, with a minimum of 10 Boards Wins.

(Only Pine Boards are allowed to be Used no Concrete or other materials can be used).

- Board Sizes: 5-10 Years Old Small Boards
11-14 Years Old Medium Boards
15+ Years Old Large Boards
- Divisions will be divided into rank at staging

Rules, competitor chooses any technique such as but not limited to Hammer Fist, Knife Hand and so on, the competitor will break as many single boards, sized within their age category, as they can in one strike. There is a minimum of 10 Boards for this event. The competitor who breaks the most boards with one strike wins.

In the case of a tie the Competitor who weighs less Wins.

Competitors must purchase their boards at the Competition.



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MEDICAL QUESTIONNAIRE FORM

(This form is mandatory for all competitors not competing in the Special Event.)

• **Competitor's Name (1 form per competitor) :** _____

• **Please circle the (Y) for yes or (N) for no.**

1. Do you have any allergies to any medications? Y / N

If you answered yes, please indicate which medications.

2. Do you take any medications regularly?..... Y / N

3. Do you wear contact lenses?..... Y / N

4. Do you have a history of any of the following conditions?

a. Epilepsy (seizures)Y / N

b. Lung disease Y / N

c. Heart diseaseY / N

d. Diabetes Y / N

e. High blood pressureY / N

If you answered YES to any part of question 4, please complete question 5.

5. I hereby state that I am under the care of a physician for the treatment of / for _____

_____ and that I have been medically cleared by that physician to participate in this tournament.

❖ Please read carefully: I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

(Parent/Guardian must sign if competitor is under 18 years of age)



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EVENT TRAVEL and/or ACCOMMODATIONS

Events Information (Check Correct Box):

- Arrived to the Event by: Car / Plane
Accommodation, if any: Local (No Hotel) / Stayed at Hotel
Name of Hotel / Airline:

Hotel Information

Marriott Courtyard Boynton Beach

1601 N. Congress Ave., Boynton Beach, FL 33426 –
561-737-4600 – Group Rate Code “Tae Kwon Do Competition”
Group Discount Rate \$95 per night

- Free High Speed Internet
- Fitness Center
- Pool

[Book your group rate for Tae Kwon Do Competition](#)

[Hotel Website](#)

Parking

- Complimentary on-site parking

Airport

- **Palm Beach International Airport - PBI**
- Hotel direction: 13.4 miles S
- This hotel does not provide shuttle service.
- **Fort Lauderdale-Hollywood International Airport - FLL**
- Hotel direction: 39.8 miles N
- This hotel does not provide shuttle service.
- **Miami International Airport - MIA**
- Hotel direction: 62.1 miles NE

- This hotel does not provide shuttle service.