



2009 U.S. NATIONAL TEAM QUALIFIER

JANUARY 10-11, 2009
COLORADO SPRINGS, CO



Competition Venue:

Olympic Training Center – Sports Center 1
1 Olympic Plaza
Colorado Springs, CO 80909
<http://www.usoc.org>

Competition Rules:
USAT and Modified
WTF Competition Rules

Type of Competition:
Single Elimination Format

REGISTER AT:

WWW.U.S.A-TAEKWONDO.US

CONTACT TRAVIS OOSTHOEK
EMAIL: Travis.Oosthoek@usa-taekwondo.us
PHONE: (719) 866-3624



2009 U.S. NATIONAL TEAM QUALIFIER
COLORADO SPRINGS, CO – OLYMPIC TRAINING CENTER



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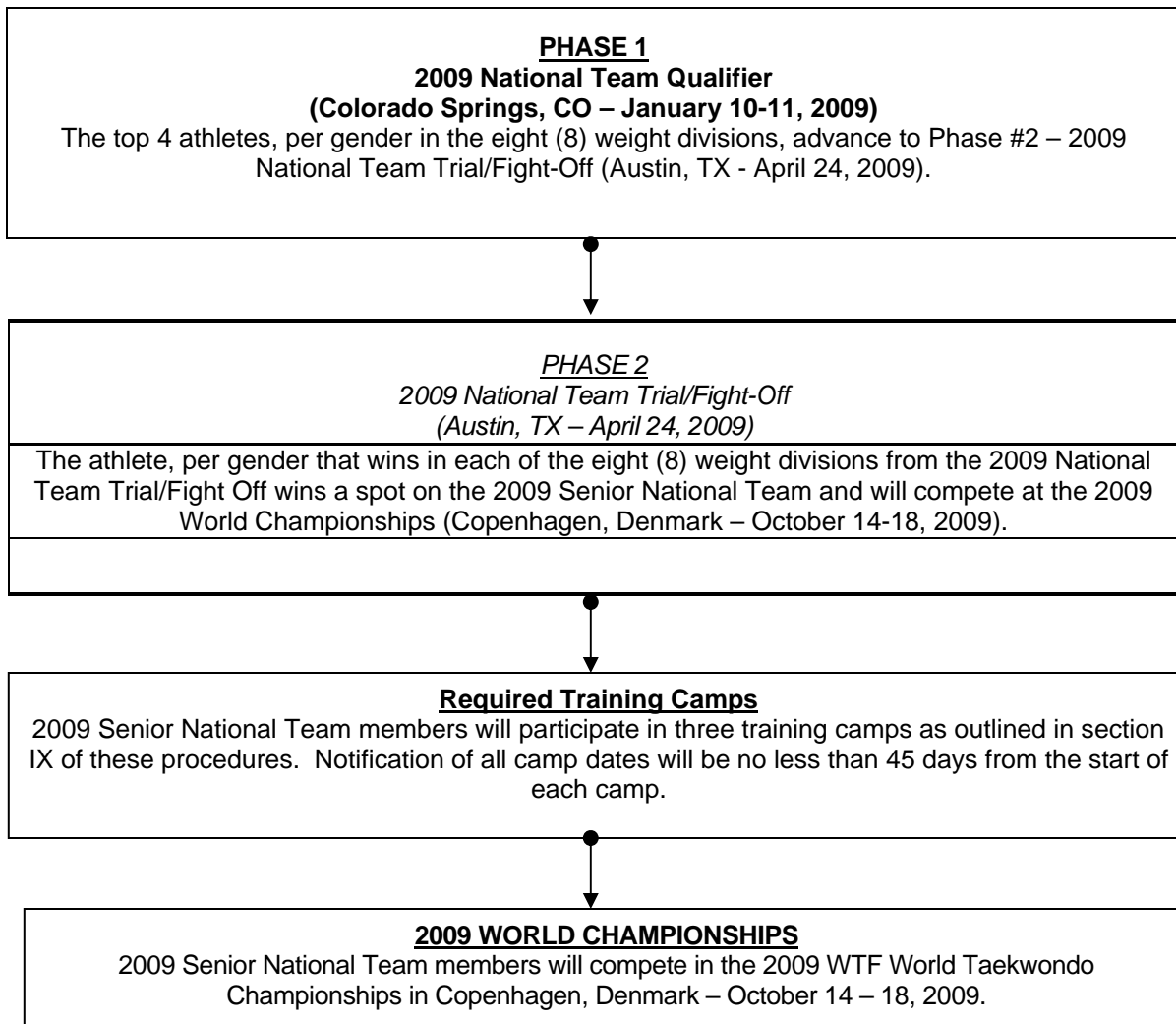
ATHLETE SELECTION PROCEDURES
2009 SENIOR NATIONAL TEAM
October 21, 2008

I. SELECTION SYSTEM

Selection System Overview

The athlete selection system for the 2009 Senior National Team is objective based through qualification events that include the 2009 National Team Qualifier and 2009 National Team Trial/Fight-Off.

The maximum number of athletes to be nominated to the USA Senior National Team is sixteen (16) (eight male & eight female).



PHASE # 1: National Team Qualifier

Phase #1 represents the first step in making the 2009 Senior National Team.

The National Team Qualifier is an OPEN tournament. All black belts who are a minimum of 14 years of age by December 31, 2009 are eligible to compete. Eligible athletes can only enter one weight division. Athletes have until December 29, 2008 to declare which weight category he or she will compete. The athlete declaration shall be

received by the USAT National Office in writing via the National Team Qualifier Registration Form by 5:00 pm Mountain Standard Time. Late submissions will not be accepted and the athlete will be ineligible to compete in Phase #1. The top 4 athletes, per gender in the eight (8) weight divisions, advance to Phase #2 – 2009 National Team Trail/Fight-Off.

Competition Format – Single Elimination

2009 National Team Qualifier is single elimination format. In single elimination format, the loser of each match is immediately eliminated from the competition bracket.

Athletes for these tournaments will bear all expenses including entry fee, airfare, ground transportation and room and board.

Seeding Criteria:

Seeding for each weight division will be administered by the prioritized list below. Only the top 4 athletes in each division will receive a seed. After the top 4 seeds have been given the remaining seeding criteria is irrelevant and all remaining athletes will be seeded randomly.

Athletes DO NOT need to compete in the same weight division in which they competed in 2007 or 2008 in order to receive a seed. Only the top 4 athletes in each division will be seeded.

1. 2008 Olympic Team members - (per value; Gold, Silver, Bronze)
2. This is followed by 2007 Senior National Team member – (Medal at 2007 World Championships per value; Gold, Silver, Bronze) Tiebreaker: Total number of matches won at the 2007 World Championships to serve as a tiebreaker if more than one team member enters the same division.
3. This is followed by a Pan Am Games Medalist – (per value; Gold, Silver, Bronze)
4. This is followed by the 2007 Pan Am Games Team Members who did not medal. Tiebreaker: Total number of matches won at the 2007 Pan Am Games to serve as a tiebreaker if more than one team member enters the same division.
5. This is followed by the 1st place finisher from the 2008 Senior National Championships competing in the same division as they were at the 2008 Senior National Championships.
6. This is followed by a random seeding of all remaining 1st place finishers from the 2008 Senior National Championships.
7. This is followed by the 2nd place finisher from the 2008 Senior National Championships competing in the same division as they were at the 2008 Senior National Championships.
8. This is followed by a random seeding of all remaining 2nd place finishers from the 2008 Senior National Championships.
9. This is followed by the 3rd place finisher from the 2008 Senior National Championships competing in the same division as they were at the 2008 Senior National Championships.
10. This is followed by a random seeding of all remaining 3rd place finishers from the 2008 Senior National Championships.
11. This is followed by the 2007 National Team Alternate competing in the same division as they were at the 2007 National Team Trial.
12. This is followed by a random seeding of all remaining 2007 National Team Alternates.
13. This is followed by a random seeding of all 2007 Pan Am Games Alternates.
14. This is followed by a random seeding of all remaining entries.

HOW TO REGISTER:

There are two ways to register for the 2009 U.S. National Team Qualifier:

1. Online (preferred way to register)

- *Early Registration:* Early On-line registration will be available through **December 22, 2008**.
 - Confirmation sheets must be SIGNED & RECEIVED in the USAT National Events office by **January 7, 2009**.
- *Late Registration:* Late On-line registration will be available through **December 29, 2008**.
 - Confirmation sheets must be SIGNED & RECEIVED in the USAT National Events office by **January 7, 2009**.

2. Paper Registration (there will be a \$25 administration fee added for each paper registration)

- *Early Registration:* Complete the attached paperwork and send it to the USA Taekwondo office so it is RECEIVED by **December 22, 2008** with payment in full.
- *Late Registration:* Complete the attached paperwork and send it to the USA Taekwondo office so it is RECEIVED by **December 29, 2008** with payment in full.

GENERAL REGISTRATION PROCESS FOR ATHLETES:

- All athletes may register online or by completing the necessary paperwork. The early registration deadline is **December 22, 2008**. Late registration will be available through **December 29, 2008** for an additional \$50.
- All participants must pre-register and adhere to the registration deadlines and procedures in order to be accepted into the tournament. There will be no registrations accepted at the door.
- The USAT office will not confirm applications by phone, fax or email. Log on to the Hang-A-Star system using your membership number to check your registration status at any time.
- The competitor list is available through Hang-A-Star at any time.
- Payment **must be made in full prior to the Early Registration Deadline in order** to be given the Early Price. Any athlete or coach who is registered before the early deadline but not paid in full before the early deadline will incur the late entry registration fee.
- Entry fees must accompany all registrations. Only U.S. Cashier's Checks, U.S. Money Orders, Visa, American Express, Discover and MasterCard will be accepted. Absolutely NO personal or business checks will be accepted. **NO EXCEPTIONS.**
- **REGISTRATIONS FEES ARE NON-REFUNDABLE**

Please Note: Paper applications must include the following items in order to be considered complete:

- Entry form
- Entry fee
- USAT Consent for Medical Treatment
- USAT Code of Conduct
- OTC Waivers & Medical History
- Hotel Form
- U.S. Citizenship information
- Black belt certification information. Please provide a copy if not already uploaded in your online profile.
- Proof of 2009/current USA Taekwondo athlete membership



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ON-LINE REGISTRATION PROCEDURES:

*****ONLINE REGISTRATION WILL BE AVAILABLE FOR ALL ATHLETES!**

1. Athlete must go to the USAT website (www.usa-taekwondo.us) and log-in to Hang-A-Star membership. The log-in is located in the "for members" part of the USAT homepage. If you are a member but have not logged in before, your log-in username is your membership number located on your USAT membership card. You will then be directed into the system to create a password and set up your profile.
2. If you are not a member, but signing up, you will need to use the sign-up option located below the log-in box.
3. Once your profile is updated, you will be able to register for the event.
4. From the Hang-A-Star homepage, click on the Events tab.
5. Click on 2009 U.S. National Team Qualifier, Colorado Springs, CO
6. Click on the "Register for this Event Now" button near the bottom of the page.
7. Follow the necessary steps to completing your registration and click register.
8. Once you have registered for this event you will immediately be prompted to print a confirmation page.
9. **Print your confirmation page.**
10. All Athletes & Parents or Guardians must, sign and mail the confirmation page along with all other necessary documentation to USA Taekwondo, 1 Olympic Plaza, Suite 104C, Colorado Springs, CO 80909. THE CONFIRMATION SHEET MUST BE RECEIVED BY THE USAT OFFICE BYTBD, 2008 IN ORDER TO COMPLETE YOUR REGISTRATION.
11. You will also have the opportunity to upload your photo and Black Belt certification while in the registration system. Once a proper headshot photo is uploaded you will never have to provide another photo. This will speed up the check-in process at the event.

****Please note that we will not be sending confirmations back to you, but at anytime members can check the status of their registration online.**

****Payment must be made in full prior to the Early Registration Deadline in order to be given the Early Price. Any athlete or coach who is registered before the early deadline but not paid in full before the early deadline will incur the late entry fee.**

PAPER REGISTRATION PROCEDURES:

****Please note: There will be a \$25 administration fee added for each paper registration**

Early Registration: Complete the attached paperwork and send it to the USA Taekwondo office so it is **RECEIVED** by **December 22, 2008** with payment in full. Please note that all registrations received after **December 22, 2008** will pay an additional \$50.00 fee. If applications are postmarked on the registration date but received after the early registration deadline, you will still incur the late registration fee of \$50.00.

Late Registration: Complete the attached paperwork and send it to the USA Taekwondo office so it is **RECEIVED** by **December 29, 2008** with payment in full. Please note that the application must be **RECEIVED** in the USA Taekwondo office by **December 29, 2008** to be considered.

*****NO competitor will be accepted if their registration is not **RECEIVED** by the final Late Registration deadline of **December 29, 2008**. NO FAXED APPLICATIONS WILL BE ACCEPTED. PLEASE MAIL ALL PAPERWORK.**

SCHEDULE OF EVENTS:

<u>Wednesday, January 7, 2009</u>		
9:00am-5:00pm	Practice times available	Sports Center 1- Gym 6
All Day	Athletes able to check-in to rooms	Athlete Center
<u>Thursday, January 8, 2009</u>		
9:00am-5:00pm	Practice times available	Sports Center 1- Gym 6
4:00pm-6:00pm	Credential Pick up	Presidential Conf. Room
<u>Friday, January 9, 2009</u>		
9:00am-5:00pm	Practice times available	Sports Center 1- Gym 6
9:00am-11:00am & 1:00pm-5:00pm	Credential Pick up	Presidential Conf. Room
4:00pm-6:00pm	Weigh-Ins for Female: Fin, Fly, Bantam, Feather Male: Light, Welter, Middle, Heavy	Presidential Conf. Room
7:00pm	Technical Meeting	Sports Center 1
<u>Saturday, January 10, 2009</u>		
9:00am-5:00pm	Practice times available	TBD
9:00am	Competition Begins for Female: Fin, Fly, Bantam, Feather Male: Light, Welter, Middle, Heavy	Sports Center 1
12:00pm-1:00 pm	Lunch Break	
1:00 pm	Competition resumes	Sports Center 1
4:00pm-6:00pm	Weigh-Ins for Female: Light, Welter, Middle, Heavy Male: Fin, Fly, Bantam, Feather	Presidential Conf. Room
<u>Sunday, January 11, 2009</u>		
9:00am	Competition begins Female: Light, Welter, Middle, Heavy Male: Fin, Fly, Bantam, Feather	Sports Center 1
12:00pm-1:00pm	Lunch Break	
1:00pm	Competition Resumes	Sports Center 1





CROWNE PLAZA
COLORADO SPRINGS
THE PLACE TO MEET.



The Crowne Plaza Hotel is pleased to be the host hotel for the

2009 US National Team Qualifier

We would like to extend a special rate of

\$80 (plus tax)

Valid Jan 5-12, 2009

(\$80 rate applies to single, double, triple or quad occupancy)

Book online at

https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=81782



Or for reservations, call 1-888-233-9527 and ask for the
USA Taekwondo rate.

Please book your room no later than Friday, January 2nd, 2009

~ ~ ~ ~ ~

The Crowne Plaza Colorado Springs

Newly Renovated Hotel
Indoor Pool and Hot Tub

Thibodeaux's Bistro, serving Breakfast, Lunch, and Dinner



2886 South Circle Drive ** Colorado Springs ** Colorado ** 80906 ** (719)
576-5900



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HOTEL FORM

All participants and coaches must complete this hotel form in order for their registration form to be considered complete. This information will also be used in case of an emergency.

All hotel information must be completed because there is more than one hotel with the same name.

Last Name: _____ First Name: _____

Name of Hotel: (Put Local is not staying at either a hotel)

Hotel Address: _____

Phone # (if Not in hotel put a local #): _____

of Rooms: _____

Number of people in the room: _____

Hotel Rate: _____

Please fill in the dates you are staying:

Date	# OF ROOMS
1/6/2009	
1/7/2009	
1/8/2009	
1/9/2009	
1/10/2009	
1/11/2009	

TOTAL NUMBER OF ROOM NIGHTS: _____

Please check how you made your Hotel Arrangements:

Staying Local

Other (please list): _____

MAIL COMPLETED APPLICATION TO:

USA Taekwondo
 2009 National Team Qualifier
 1 Olympic Plaza, 104C
 Colorado Springs, Colorado 80909



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HOUSING INFORMATION:

USA Taekwondo has arranged housing at double or triple occupancy, as well as, meals at the Olympic Training Center for **\$50/Night**; **OTC housing** is available for **athletes & coaches ONLY**. Housing will be available starting on January 7TH through January 11th; on a first come first serve basis. If you arrive earlier than January 7TH, you will need to make other housing arrangements until the check-in date. Transportation will be provided from the Colorado Springs Airport to the Olympic Training Center and back again for athletes and coaches staying at the training center provided that flight itineraries are received in the USAT office by the **registration deadline**. Transportation will NOT be provided for athletes & coaches staying off of the OTC campus. You must let Travis Oosthoek (Travis.Oosthoek@usa-taekwondo.us) know by 5:00pm (Mountain Standard Time) on December 12, 2008 if you are interested in housing at the OTC.

For those athletes and coaches who are not staying on the OTC complex, but would like to purchase an OTC meal card they can do so for **\$30/day**. This meal card, is on a first come first served basis, and is good for all meals at the OTC Athlete Center during designated meal hours. You must let Travis Oosthoek (Travis.Oosthoek@usa-taekwondo.us) know by 5:00pm (Mountain Standard Time) on December 29, 2008 if you are interested in a meal card.

TRAVEL & CAR RENTAL INFORMATION:

To book your airline flights please visit www.usataekwondotravel.us

PHOTO & VIDEO REGULATIONS:

“Video recording of matches at USAT events is only permitted under the following conditions. Video recording is permitted from the spectator seating area. No video recording is permitted on the floor during an event. Video recording is only permitted for personal use. Personal use does not extend to posting of videos on websites unless prior written permission is granted by USAT. Written permission will generally be granted if proper acknowledgment to USAT is posted with the video. No commercial use of video recordings is permitted under any circumstances without the express written permission of USAT. Persons violating these prohibitions will be subject to appropriate civil penalties.”

REGISTRATION FEES & SCHEDULE:

EARLY REGISTRATION DEADLINE <i>TBD</i>		LATE REGISTRATION DEADLINE <i>TBD</i>	
Online	Paper	Online	Paper
\$80	\$105	\$130	\$155
ALL PAPER REGISTRATION WILL BE CHARGED AN EXTRA \$25 ADMINISTRATION FEE			



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ADVANCE TICKET APPLICATION

TICKET INFORMATION

Admission to the 2009 National Team Qualifier is by credential or ticket only. Advance and on-site ticket pricing is listed below. If you would like to order advance tickets please complete this application and send to USA Taekwondo, 1 Olympic Plaza, Suite 104C, Colorado Springs, CO 80909. ****TICKETS ARE NON-REFUNDABLE****

***** ALL ADVANCE TICKET ORDERS MUST BE FAXED OR RECEIVED BY FRIDAY, TBD, 2008 *****

	Advance (Single Day Passes)	On-Site (Single Day Passes)
Adults 13-59 yrs old	\$10	\$15
Seniors 60+	\$8	\$10
Children 12 & Under	Free	Free

Advance Tickets:

Advance tickets (Will Call) can be picked up at the OTC – Sports Center 1 ticket window on competition days (Jan. 10 & 11). ***We will not mail advance tickets.***

*Last Name: _____ *First Name: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Email: _____ Cell Phone: _____

# of Single Day Tickets Requested	ADULT _____ x \$10	SENIORS _____ x \$8	CHILDREN FREE
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TOTAL COST = _____

Please Check Payment Type: Cashier's Check Money Order Visa MasterCard American Express
 Discover

*Credit Card #: _____ *Expiration Date: _____

*Security Code (Located on back of card) _____

*Print Name of Cardholder: _____ *Zip Code of Cardholder: _____

*Signature: _____

Completed Forms can be faxed (credit card only) or mailed to:

USA Taekwondo
 1 Olympic Plaza, 104C
 Colorado Springs, CO 80909
 FAX: (719) 866-4642

*Required Items **TICKETS ARE NON-REFUNDABLE**



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COMPETITOR APPLICATION FORM

PLEASE PRINT OR TYPE INFORMATION

 LAST NAME (as it appears on your passport) FIRST NAME MIDDLE NAME

 PERMANENT ADDRESS

 CITY STATE ZIP

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ USAT Membership #: _____

Date of Birth: ___/___/___ Age: ___ Kukkiwon # _____ Circle One: Male / Female

Passport # _____ (*not required) Exp. Date: ___/___/___

I will be competing in the following weight category _____

CATEGORY	MEN'S WEIGHT KG (LBS)	WOMEN'S WEIGHT (LBS) KG
FIN	UNDER 45 KG (UNDER 99.2 LBS)	UNDER 42 KG (UNDER 92.6 LBS)
FLY	OVER 45 – 48 KG (OVER 99.2 – 105.8 LBS)	OVER 42 – 44 KG (OVER 92.6 – 97.0 LBS)
BANTAM	OVER 48 – 51 KG (OVER 105.8 – 112.4 LBS)	OVER 44 -46 KG (OVER 97.0 – 101.4 LBS)
FEATHER	OVER 51 – 55 KG (OVER 112.4 – 121.3 LBS)	OVER 46 – 49 KG (OVER 101.4 – 108.0 LBS)
LIGHT	OVER 55 – 59 KG (OVER 121.3 – 130.1 LBS)	OVER 49 – 52 KG (OVER 108.0 – 114.6 LBS)
WELTER	OVER 59 – 63 KG (OVER 130.1 – 138.9 LBS)	OVER 52 – 55 KG (OVER 114.6 – 121.3 LBS)
MIDDLE	OVER 68 – 73 KG (OVER 149.9 – 160.9 LBS)	OVER 59 – 63 KG (OVER 130.1 – 138.9 LBS)
HEAVY	OVER 78 KG (OVER 172.0 LBS)	OVER 68 KG (OVER 149.9 LBS)

****Note: All weigh-ins will be completed in KG.**

****Note: Athletes must declare a weight category by December 29, 2008. No changes can be made after December 29, 2008**

COACH INFORMATION

Your coach must fill out the coach registration packet completely as well. The coach must also fill out all USOC paperwork (within coach registration packet) and this should be returned to the **USA Taekwondo National Office** along with the registration fee.

Only the coach you list will be granted a coach credential once the appropriate paperwork has been received.

Coach: _____
 LAST NAME FIRST NAME MIDDLE NAME

Registration Fees:

EARLY REGISTRATION DEADLINE TBD		LATE REGISTRATION DEADLINE TBD	
Online	Paper	Online	Paper
\$80	\$105	\$130	\$155
ALL PAPER REGISTRATION WILL BE CHARGED AN EXTRA \$25 ADMINISTRATION FEE			

Total Registration Amount: \$_____ (Line A)



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COMPETITOR APPLICATION FORM (cont)

Housing & Flight Information:

Please Check: I will need housing at the Olympic Training Center (\$50/Night)
 I will NOT need housing at the Olympic Training Center (Please fill out *hotel form*)
 ▪ Place you will be staying at: _____
 I will NOT need housing at the OTC, but would like to purchase a meal card (\$30/Day)

***Please check the dates that you will need OTC housing**

Dates	1/7	1/8	1/9	1/10	1/11
OTC Housing \$50/Day (First Come, First Serve)	_____ \$50	_____ \$50	_____ \$50	_____ \$50	_____ \$50
Meal Card Only \$25/Day (Athlete & Coaches not staying at the OTC; First Come, First Serve)	_____ \$30	_____ \$30	_____ \$30	_____ \$30	_____ \$30

Total OTC Housing and/or Meal Card Amount: \$_____ (Line B)

Roommate preference: 1. _____ 2. _____

**Note: Athletes & Coaches are not permitted to stay in the same room.

**Note: We will do our best to accommodate roommate request, but your request is not guaranteed.

Flight Information:

Only those staying at the Olympic Training Center and flying into Colorado Springs will be provided transportation.

Arrival Date: _____ Arrival Time: _____ Airline: _____ Flight # _____ Airport: COS

Departure Date: _____ Departure Time: _____ Airline: _____ Flight # _____ Airport: COS

Payment Information: Total Amount Due: _____ (Line A + Line B)

Please Check Payment Type: Cashier's Check Money Order Visa MasterCard Discover American Express

Credit Card #: _____ Expiration Date: _____ Security Code (Located on back of card) _____

Print Name _____ Zip Code _____
 of Cardholder: _____ of Cardholder _____ Signature: _____

For USA Taekwondo Office Use Only:

Money Order Cashier's Check #: _____ Amt Rcvd.: _____ Rcvd Date: _____ Rcvd By: _____

Please Note: Paper applications must include the following items in order to be considered complete:

- Entry form
- Entry fee
- USAT Consent for Medical Treatment
- USAT Code of Conduct
- USOC forms (Biography, Waivers, Medical Form and HIPPA Form)
- Hotel form
- U.S. Citizenship information
- Black belt certification information. Please provide a copy if not already uploaded in your online profile.
- Proof of 2009/current USA Taekwondo athlete membership

****All applications need to be received in the USA Taekwondo office no later than 5:00PM mountain daylight time, December 29, 2008.**

CODE OF CONDUCT - ATHLETE

The following outline is the Code of Conduct for USA Taekwondo (USAT). The Code is for all athletes, coaches, event specialists, referees and staff members to fully abide by when participating in any and all USA Taekwondo sanctioned event(s). Failure to comply with the following guidelines can result in the removal from an event, dismissal from future USAT sanctioned events, and/or the complete suspension from participation as a competitor, coach or staff member in future USAT sanctioned events.

1. One will act in a manner consistent with the spirit of fair play and responsible conduct.
2. One will acknowledge, respect and adhere to the authority of USA Taekwondo appointed event staff and tournament staff if necessary.
3. One will fully comply with USA Taekwondo (USAT) and the World Taekwondo Federation (WTF) uniform requirement.
4. One will maintain an appropriate level of fitness to promote optimal athletic performance.
5. One will refrain from the excessive use of performance-limiting drugs, including, but not limited to, tobacco and alcohol.
6. One will refrain from using any substance on the Olympic Movement Anti-Doping Code, as enforced by USADA.
7. One will abide by the policies and rules established by USAT, the USOC and the World Taekwondo Federation.
8. One will respect others, including coaches, competitors, officials, and spectators.
9. One will not engage in, nor tolerate, any form of verbal, physical or sexual abuse.
10. One will respect the property of others.
11. One will refrain from illegal or inappropriate behavior that would deter from a positive image of oneself and USA Taekwondo.
12. One will maintain a positive attitude and act in a way that will bring honor to oneself, the staff, the sport of Taekwondo, USA Taekwondo and the United States of America.
13. One will remember that I am an ambassador of USA Taekwondo, my country and the Olympic movement.
14. One will abide by the rules of this particular competition as stated in this packet.

USA Taekwondo recognizes that this Code does not establish a comprehensive set of rules that prescribes every aspect of appropriate behavior. The athlete also recognizes that the information on this application is correct.

Participant's Printed Name

Participant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date





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USA TAEKWONDO CONSENT FOR MEDICAL TREATMENT

I, _____, consent to medical treatment for athletic related injuries/illnesses by USA TAEKWONDO Medical Personnel provided by Bare Essentials Sports Medicine Company LLC and /or Hospital Medical Staff at any USA Taekwondo Sanctioned Event. I authorize treatment by such personnel in the event of injury or illness. This care includes but is not limited to: preventative taping and padding; first aid treatment of injuries and illnesses; medication for illness or injury treatment, including over-the-counter medications such as ibuprofen or acetaminophen; emergency care of injuries, which may include use of a backboard and cervical collar; suturing, splinting or casting of wounds/injuries on site or in medical treatment facility; chiropractic adjustments and care; acupuncture treatments; use of AED, injected medications, oxygen or IV to stabilize an athlete's condition on site or in route to a medical treatment facility; and any other medical and/or life-sustaining treatment deemed necessary for athlete to continue competition or deemed by medical personnel to be in the best interest of the health and well-being of the athlete.

(Athlete's Signature)

(Date)

As a parent or legal guardian of _____, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness as outlined above for _____ while he/she is participating in a USA TAEKWONDO event by a member of USA TAEKWONDO Medical Personnel provided by Bare Essentials Sports Medicine LLC and/or Hospital Medical Staff.

_____ I Agree _____ I Agree, with the following exceptions to treatment: _____

----- I DO NOT AGREE

(Parent/Guardian Signature)

(Date)

All medical evaluations completed by USA TAEKWONDO Medical Personnel for athletic injuries are considered confidential and will be filed at the offices of Bare Essentials Sports Medicine Company LLC. Copies of medical injury forms can be requested verbally from the USA TAEKWONDO Medical Coordinator by the injured athlete, or parent of a minor athlete at the time of injury or requested in writing following a competition. The original injury report form will remain on file in the offices of Bare Essentials Sports Medicine Company LLC. No information about an individual athlete will be released without that athlete's permission per Federal Guidelines except where it is necessary to file insurance claims directly associated with the injury or illness. Information pertaining to injury data without using an athlete's name will be released to the Medical Director, the Medical Coordinator or their assistants for purposes of injury research or recommendations for safety rule changes only. An athlete's name and injury will only be released in cases pertaining to head injuries requiring the athlete to not compete for 30 days per USA Taekwondo and World Taekwondo Federation rules. This information will be released to the Medical Director, Medical Coordinator, Referee Chairperson, Tournament Committee Chairman, National Events Director, Executive Director and documented within the secured USA Taekwondo online registration program for purposes of enforcing the 30-day-out rule in compliance with USA TAEKWONDO and WTF rules.

I have read and understand the above information as it pertains to my medical records of injury or illness which may occur and be treated at USA Taekwondo Sanctioned events. I also understand that if these guidelines are not followed as stated above that USA Taekwondo and/or Bare Essentials Sports Medicine LLC could be found in violation of Federal Guidelines set forth by HIPAA.

(Athlete's Signature)

(Parent/Guardian Signature)

(Date)

I, _____, consent to having my image photographed while injured or ill by USA Taekwondo Staff Photographer or Bare Essentials Sports Medicine LLC Staff Photographer for purposes of documentation of the injury and/or publicity for USA Taekwondo, USA Taekwondo Sports Medicine, or Bare Essentials Sports Medicine LLC. This publicity may include but is not limited to advertisement in print or on the websites of said organizations. I know I have the right to decline the photographing of my image at the time of injury if verbally requested by myself, my parent or my coach per Federal Guidelines set forth by HIPAA. Furthermore I know I can request that such images be removed from publication or public view if I decide to decline their use at a later date for any reason simply by making that request in writing directly to the USA Taekwondo National Office. I understand that such pictures may be taken without any expectations of compensation for said photographic images.

_____ I Agree

_____ I Decline

(Athlete's signature)

(Date)

As a parent or legal guardian of _____, who is under the age of 18, I hereby authorize photographic images of _____ to be allowed if injured or ill unless otherwise verbally requested at time of injury/illness that no such photographs be taken at that time. Furthermore I know I can request that such images be removed from publication or public view if I decide to decline their use at a later date simply by making that request in writing directly to the USA Taekwondo National Office.

_____ I Agree

_____ I Decline

(Parent/Guardian signature)

(Date)



**OLYMPIC TRAINING CENTER ATHLETE
 MEDICAL HISTORY QUESTIONNAIRE**

NAME: _____ SPORT: TAEKWONDO
 DATE OF BIRTH: _____ SEX: FEMALE _____ MALE _____
 ADDRESS:

 CITY: _____ STATE: _____ ZIP: _____
 EMERGENCY CONTACT: _____
 PHONE: (_____) _____

Please circle "Yes" or "No" and provide additional details where requested on this form.
 All information will be confidential.

1. Have you had a medical illness or injury since your last check up or sports physical? Yes No
2. Do you have an ongoing or chronic illness? Yes No
3. Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)? Yes No
 (List _____)
4. Do you have any food allergies? Yes No
 (List _____)
5. Do you have any seasonal allergies that require medical treatment? Yes No
 (List _____)
6. Are you allergic to insect bites or stings? Yes No
 (List _____)
7. Do you take any over the counter medication(s)? Yes No
 (List _____)
8. Do you take any prescribed medication on a permanent or semi-permanent basis
 (steroids, birth control pills, anti-inflammatories, antibiotics, etc.)? Yes No
 (List _____)
9. Do you use an inhaler? Yes No
 (List _____)
10. Do you take any over the counter dietary supplements (herbs, vitamins, minerals, protein)? Yes No
 (List _____)
11. Have you ever taken any dietary supplements or vitamins to help you gain or lose
 weight or improve your performance? Yes No
 (List _____)



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- | | | |
|---|-----|----|
| 12. Do you ever have chest tightness? | Yes | No |
| 13. Do you ever have wheezing? | Yes | No |
| 14. Do you ever have itchy eyes? | Yes | No |
| 15. Do you ever have itching of the nose or throat or sneezing spells? | Yes | No |
| 16. Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 17. Have you ever had chest tightness, cough, wheezing, asthma or other chest (lung) problems which made it difficult for you to perform in sports? | Yes | No |
| 18. Have you ever missed school, work or practice because of chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 19. If you have been told you have asthma, what medication(s) have you taken to treat it?
(List _____) | | |
| 20. Have you ever had a rash or hives develop during or after exercise? | Yes | No |
| 21. Have you ever had a seizure?
(List medication(s)_____) | Yes | No |
| 22. Have you ever been told that you have epilepsy?
(List medication(s)_____) | Yes | No |
| 23. Do you have or have you ever been treated for diabetes?
(List medication(s)_____) | Yes | No |
| 24. Have you ever been told that you were anemic?
(When_____) | Yes | No |
| 25. Have you ever been told that you have sickle cell anemia? | Yes | No |
| 26. Have you ever been told by a physician you have the sickle cell trait? | Yes | No |
| 27. Have you ever become ill from exercising in the heat? | Yes | No |
| 28. Have you ever passed out in the heat? | Yes | No |
| 29. Have you ever had heat or muscle cramps? | Yes | No |
| 30. Have you ever been told to give up sports because of health problem? | Yes | No |
| 31. Has anyone in your family under age 50 died suddenly?

Explain_____ | Yes | No |
| 32. Do you have or have you ever had high blood pressure?
(List medication(s)_____) | Yes | No |
| 33. Do you have or have you ever had high cholesterol? | Yes | No |
| 34. Do you have trouble breathing or do you cough during or after activity? | Yes | No |
| 35. Have you ever been dizzy during or after exercise? | Yes | No |



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- | | | |
|---|------------|----------|
| 36. Have you ever fainted or passed out when exercising? | Yes | No |
| 37. Have you ever had chest pain during or after exercise? | Yes | No |
| 38. Do you have or have you ever had racing of your heart or skipped heartbeats? | Yes | No |
| 39. Do you get tired more quickly than your friends do during exercise? | Yes | No |
| 40. Do you have or have you ever been told you have a heart murmur?
(Give date(s)_____) | Yes | No |
| 41. Do you have a heart arrhythmia?
(List medication and dosage _____) | Yes | No |
| 42. Do you have a family history of heart disease?
Describe _____ | Yes | No |
| 43. Do you have any other history of heart disease? (angina, arrhythmia, valve disease)
Describe _____ | Yes | No |
| 44. Have you had a severe viral infection (for example myocarditis or mononucleosis)
within the last month? | Yes | No |
| 45. Do you have or have you ever had rheumatic fever?
(Give date(s)_____) | Yes | No |
| 46. Do you have or have you ever had lung disease (pneumonia)?
(Give date_____) | Yes | No |
| 47. Do you have or have you ever had kidney disease (infections)?
(Give date(s)_____) | Yes | No |
| 48. Do you have or have you ever had liver disease (mononucleosis, hepatitis)?
(Give date(s)_____) | Yes | No |
| 49. Do you or have you ever had a hernia or "rupture"?
Has it been repaired? | Yes
Yes | No
No |
| 50. Do you have any current skin problems (for example, itching, rashes, acne, warts,
fungus, or blisters)? | Yes | No |
| 51. Have you been "knocked out," become unconscious, or lost your memory?
(Give date(s)_____) | Yes | No |
| 52. Have you had a concussion or other head injury?
(Give date(s)_____) | Yes | No |
| 53. Have you ever had your head or neck x-rayed? | Yes | No |
| 54. Have you stayed overnight in a hospital due to head injury?
(Give date(s)_____) | Yes | No |
| 55. Do you have frequent or severe headaches? | Yes | No |
| 56. Have you ever had a neck injury involving bones, nerves or discs that disabled
you for a week or longer?
(Type of injury_____ Dates_____) | Yes | No |



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57. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
58. Have you ever had a stinger, burner, or pinched nerve? Yes No
59. Have you ever injured your back? Yes No
 (Type of injury _____ Dates _____)
60. Do you have back pain? Yes No
 (Circle those which apply: seldom / occasionally / frequently / with vigorous exercise / with heavy lifting)
61. Do you want to weigh more or less than you do now? Yes No
62. Do you lose weight regularly to meet weight requirements for your sport? Yes No
63. Do you feel stressed out? Yes No
64. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle which apply and explain. Yes No
 (head / neck / back / chest / shoulder / upper arm / elbow / forearm / wrist / hand / finger / hip / thigh / knee / shin/calf / ankle / foot)

65. Have you had a broken bone or fracture? R or L Yes No
 (What bone(s) _____ Dates _____)
66. Have you had a shoulder injury that disabled you for a week or longer Yes No
 (dislocation, separation, etc.)?
 (Type of injury _____ Dates _____)
67. Have you ever had a shoulder surgery? R or L Yes No
 (What was done & why _____ Dates _____)
68. Does your shoulder routinely/occasionally dislocate (come out of place)/sublux?
69. Have you injured your knee? R or L Yes No
70. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Yes No
 (Give date(s) _____)
71. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Yes No
 (Give date(s) _____)
72. Have you ever had knee surgery? R or L Yes No
 (What was done _____ Dates _____)
73. Have you had a severe ankle sprain? R or L Yes No
74. Do you have a pin, screw or plate in your body? Yes No
 (Where in your body _____ Dates _____)
75. Have you had any surgery? Yes No
 (Specify and give details: _____)
76. Do you use any special protective or corrective equipment or devices that are not Yes No



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_____ Protein powders or pills
 _____ Herbals (e.g. Ginseng, Echinacea, etc.)

_____ Amino acid pills or powders
 _____ Others – please list

93. If you took any dietary supplements during the past year, how frequently did you take them?

_____ Daily
 _____ Once a week
 _____ Only at specific times (travel, training, etc.)

_____ Occasionally
 _____ Several times a week

94. Check the reasons for using dietary supplements **during the past year**:

_____ To make up for an inadequate diet
 _____ To treat a medical condition or injury
 _____ To increase muscle mass/gain weight
 _____ To prevent illness and disease

_____ To lose weight
 _____ To have more energy
 _____ To enhance my performance
 _____ No specific reason

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Participant

Date

Noteworthy medical conditions/issues as per USOC Medical Staff review:

 Medical Staff signature

 Date



UNITED STATES OLYMPIC TRAINING CENTER PARTICIPANT BIOGRAPHY

Date: _____ Program Name: USA TAEKWONDO, 2009 U.S. National Team Qualifier

PARTICIPANT'S BIOGRAPHICAL INFORMATION

Name: _____

Street Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Alternate Phone: _____

Country: _____ Social Security Number, (last four digits only): XXX-XX-_____

Email Address: _____ *(Four digit SSN and birth date Required. Used for OTC filing purposes only)*

Gender: Male Female Birth Date: _____

US Citizen: Yes No If No, what nationality? _____

PARTICIPANT'S EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Street Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____

PARTICIPANT'S GUEST TYPE AND SKILL LEVEL

Please check your guest type for this program.

Athlete Coach Official NGB Administrator
 Staff Trainer Intern Other: _____

Athletes: Please check your skill level for this program

Olympic Caliber: Athletes who have competed or will compete in the upcoming Olympic or Pan Am Games, or NGB's World Championship
 National: NGB National Senior Team member or competition in a major international event within the last 12 months.
 Junior National: NGB National Junior Team member or competition in a major international event within the last 12 months.
 Development: Highly skilled athletes showing strong potential for growth and improvement with the objective of obtaining a higher skill level.

FOR OFFICE USE ONLY

Program # _____ Arrival date _____ Check in Initials _____
 Complete Paperwork _____ Missing Information: Bio _____ Medical _____ Waiver _____ HIPPA _____



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UNITED STATES OLYMPIC TRAINING CENTER
WAIVER AND RELEASE OF LIABILITY

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of the **USA Taekwondo, Inc.** this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.

I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.

This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Release from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____



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Parent/Guardian Name (Please print) _____

PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.** I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.**

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC at Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X _____
Participant Signature

Date Signed: 01/02/08

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA Taekwondo, Inc.** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X _____
Parent/Guardian Signature

Date Signed:

Parent/Guardian Name (Please Print)

Relationship: _____



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PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

X _____
 Participant Signature

Date Signed: 01/02/08

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA Taekwondo, Inc.** at this USOTC and USOEC at Northern Michigan University.

X _____
 Parent/Guardian Signature

Date Signed:

 Parent/Guardian Name (Please Print)

Relationship: _____

UNITED STATES OLYMPIC COMMITTEE

Authorization For Release of Information

Information About the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant's Name _____ Social Security/ID Number: XXX-XX-_____

Sport _____

Persons/organizations authorized to provide the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:



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Persons/organizations authorized to receive the information include the United States Olympic Committee’s Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and: _____

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows: _____

Specific purpose of the disclosure (*note that “as requested by me” is an acceptable purpose if you do not wish to state a specific purpose*): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows:

This authorization will remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization).

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant’s Signature _____

Participant’s Name (Printed) _____ **Date** _____

FOR ATHLETES OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Guardian Name (Please print) _____

YOU MAY REFUSE TO SIGN THIS AUTHORIZATION



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We thank you for your continued support and wish each participant and coach a successful and enjoyable experience. We also thank our sponsors and vendors that have shown continued support of USAT and our events. Please feel free to share your thoughts with us on how we can continue to improve as an organization and provide additional benefits to our members.

CONTACT INFORMATION

Mark. Kaufmann
Director of Events

Mark.kaufmann@usa-taekwondo.us

(719) 866.4632

Travis Oosthoek
Events Manager

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