



GENERAL INFORMATION

REGISTRATION:	<p>Sparring: \$100 Color Belts & Grassroot Black Belt (Register online at Your studio or at the door) <small>(NO REFOUNDS NO EXEPTIONS)</small> \$115 Black Belts must register online @ www.eproductions.co <small>(NO REFOUNDS NO EXEPTIONS)</small></p>
COACH:	<p>\$50 Register @ www.eproductions.co (must be Black Belt) (1 Free coach pass for every 10 competitors)</p>
REFEREE:	<p>Referee pay \$75 LOCAL, \$85 USAT, \$100 INTERNATIONAL Register @ www.eproductions.co</p>
ADMISSION:	<p>\$15 5yrs and Up 4yrs and Under Free</p>
REQUIRED EQUIPMENT:	<p>WTF approved white v-neck uniform only (No colored uniforms allowed). All Sparring competitors Must wear white, red or blue headgear (Red & Blue headgear must match with chest protector color), Red and Blue chest protectors, forearm guards, shin guard, groin cup (male only, worn inside) And mouthpiece (All must have Daedo Socks, they will also be sold at the event) Daedo socks you may use Gen sock)</p>
DAEDO:	<p>Daedo Gen1 hogu for all divisions, Daedo Gen2 hogu and helmet for Black Belt Cadet, Jr. & Seniors</p>
RULES:	<p>Up to date USATKD/WT Rules</p>
AWARDS:	<p>Sparring: 1st Place Gold Medal, 2nd Place Silver Medal, Two 3rd Place Bronze Medal</p>



WEIGHT IN

WEIGH-IN:	All weigh-ins are via Facetime Video or in Person must be done with clothes on. (Shorts & Shirt) We will give 1kg tolerance. Must be a Video call, Not a Video message.
WEIGH TIMES:	<p>Face Time Video : Call: (626)322-6070 Time: 8:00am-10:00am</p> <p>In Person : La Verne University 1950 Third St. La Verne, CA 91750 (Main Gym) Friday, August 12, 2022 Time: 6:00pm-8:00pm Saturday, August 13, 2022 Time: 8:00am-9:00am</p> <p>Weigh in is only for IME-OPEN Black Belts Trial All Black Belts Youth, Cadets, JRs Winners will qualify to represent Team IME at the Binational Games</p> <p>Color Belts & Grassroots Black belts do not need to weigh in</p>

SCHEDULE

Time	Categories & Divisions	Location	Time
8:30am	Referee Meeting	Ring 1	8:30am
8:30am	Volunteer meeting	Ring 2	8:30am
9:00am		5 years and younger all belts	Staging
9:30am		6 & 7 Year old all belts	Call Time
10:30am		8 & 9 Year old all belts	Call Time
12:00pm		10 & 11 Year old all belts	Call Time
2:00pm		12-14 Year old all belts	Call Time
3:00pm		15 + Year old all belts	Call Time

Team IME-TKD Team Trials

Time (IME Black Belts)	Categories & Divisions	Location
9:00am	Black Belt Sr	Staging
10:00am	Black Belt youth	Call Time
11:00am	Cadet Male	Call Time
12:30pm	Cadet Female	Call Time
1:30pm	Black Belt Jr	Call Time



EVENTS	ENTRY FEE	REGISTER
SPARRING ONLY <small>(WE WILL USED DAEDO ELECTRONIC SYSTEM)</small>	COLOR BELTS \$100 <small>(REGISTER ONLINE, AT YOUR STUDIO OR AT THE DOOR)</small> BLACK BELTS \$115 <small>(MUST REGISTER ONLINE)</small>	REGISTER @ www.eproductions.co YOUR STUDIO OR AT THE DOOR NO REFUNDS

NO REFUND (NO EXCEPTIONS)

COMPETITOR INFORMATION

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL _____

DATE OF BIRTH _____ AGE _____ MALE / FEMALE TRUE WEIGHT _____ LBS

RANK	9 KUP	8-7 KUP	6-5 KUP	4-3 KUP	2-1 KUP	DAN
COLOR	WHITE & YELLOW	ORANGE & PURPLE	GREEN & BLUE	BROWN & RED	ADV. RED & RED&BLACK	BLACK

TAEKWONDO SCHOOL INFORMATION

TAEKWONDO SCHOOL NAME _____

SCHOOL ADDRESS _____

GRAND MASTER/MASTER/INSTRUCTOR _____

LIABILITY WAIVER

I HEREBY SUBMIT THIS REGISTRATION AND LIABILITY WAIVER FROM TO PARTICIPATE IN THE XI CA CHALLENGE TAEKWONDO CHAMPIONSHIP. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY RELEASE, DISCHARGE, AND WAIVE ANY AND ALL RESPONSIBILITY TO THE UNIVERSITY OF LA VERNE, SAIYANS TAEKWONDO, TOURNAMENT ORGANIZING COMMITTEE, REFEREES, COACHES, INSTRUCTORS, AGENTS AND OTHER COMPETITORS FROM LIABILITY FROM ANY INJURY INCLUDING DEATH AND FOR DAMAGE TO OR LOSS OF PROPERTY WHICH MAY BE SUFFERED BY MYSELF ARISING OUT OF, OR IN ANY WAY RESULTING FROM OR ATTRIBUTABLE IN WHOLE OR IN PART TO MY TRAVELING TO TRAINING FOR, BEING COACHED IN, USING ANY SPORT EQUIPMENT IN, OR PARTICIPATING IN THE III CHALLENGER TAEKWONDO CHAMPIONSHIP BY SIGNING BELOW I ALSO GIVE PERMISSION TO USE ANY VIDEO OR PHOTOGRAPHS TAKEN OF ME DURING COMPETITION FOR THE PROMOTION OF THE XI CA CHALLENGE TAEKWONDO CHAMPIONSHIP AND TAEKWONDO. AS A COMPETITOR OR PARENT/LEGAL GUARDIAN OF THE COMPETITOR I GIVE CONSENT TO ANY XRAY EXAM. MEDICAL, CHIROPRACTIC, DENTAL OR OTHER TREATMENTS DEEMED NECESSARY FOR THE SAFETY AND WELFARE OF THE CONTESTANT. I UNDERSTAND THAT THIS AUTHORIZATION IS GIVEN PRIOR TO ANY DIAGNOSIS, TREATMENTS, OR HOSPITAL CARE BEING REQUIRED, BUT IS GIVEN TO PROVIDEE THE MEDICAL/CHIROPRACTIC/DENTAL STAFF AUTHORITY TO RENDER CARE AS DEEMED ADVISABLE. IN THE CASE OF MINORS IT IS UNDERSTOOD THAT EFFORST SHOULD BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO RENDERING TREATMENT, WILL NOT BE WITHHEELD IF THE UNDERSIGNED CANNOT BE REACHED.

I UNDERSTAND IN CASE OF INJURY, ONLY BASIC FIRST AID WILL BE ON SITE, AND THAT I AM FULLY RESPONSIBLE IN ANY OR ALL RESULTING MEDICAL OR OTHER EXPENSES.

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COMPETITOR SIGNATURE _____ **DATE** _____ **PARENT/GUARDIAN SIGNATURE** _____ **DATE** _____

