

## INVITATIONAL SCRIMMAGE



Unlimited Scrimmaging with Daedo/TrueScore E-Hogus or Traditional Hogus

Saturday, March 125, 2017 Date:

2:00pm - 5:00pm Time:

406 Eagles Landing Pkwy Venue:

> Stockbridge, GA 30281 (formerly Crossfit)

All Belts (Daedo) Fees: \$30 Pre-registration only

Online: www.Register4TKD.com

Contact: David Wilch Phone: (770) 507-5425

email: david.wilch@gmail.com

## Invitational Scrimmage

## General Information

About the Event: This is a developmental event. **This is not a tournament.** There are no awards; only learning. Please check your ego at the door before entering.

The gym will open 30 minutes early for check-in and practice. You will be responsible for your own warm-up. When the event starts, report to a ring appropriate to your size. You may move up or down one ring to find appropriate sized athletes. Once at the ring, the athlete and/or the coach is responsible for finding an appropriate opponent. On-deck athletes will need to sit next to coaches chair in order of their matches. There is no limit to matches. E-Hogus will be furnished per ring, not per athlete. **After your match, return your E-Hogu to the designated area for that ring.** 

Rules: Sparring rules of the WTF apply, with Junior Saftey Rules for EVERYONE. ANYONE cited for malicious intent to injure will be asked to leave or escorted out and not invited back. Event directors with the assistance of referees will have complete authority in this matter. The primary concerns are uncontrolled techniques to the head or intentional attacks to illegal areas. While head contact is permitted, it **must be light.** There will be no knock-outs! **This applies to all ages.** This is a practice event, not a tournament.

This event is a prep event for referees and athletes for the USAT qualifier and USAT nationals.

Who must pay: All athletes must pay. There are no fees for coaches and spectators. Chairs for parents will be available at this venue. Please help yourself to a chair and return it when you are done.

What do you get for your money: You get matted rings, electronic scoring, and 3 hours of sparring in a spacious gym with other athletes. You are encouraged to spar in as many matches as possible. There is no limit to the number of matches that you spar.

Equipment: Bring all of your sparring gear including mouthpiece and cup. No sparring gear will be furnished or sold. E-hogus will be provided for e-hogu training. E-foot gear will be available for sale.

Coaching: This training session is designed to allow coaches to become familiar with THEIR players in a tournament environment using E-Hogus. Players are encouraged to seek advice from their coach. If your coach is not available please feel free to ask for a coach. Coaching attire not necessary.

Payment: Pre-Registration is online only.

Day of event: N/A

## Scrimmage Saturday, March 25, 2017 Athlete Entry Form

Payment: Cashiers Check, TKD school checks, or Money Orders ONLY. PERSONAL CHECKS WILL NOT BE ACCEPTED.  Mail to: N/A  Athlete Name:  Address  City	Entry Fee:	Online (	Only		□\$30						
Athlete Name:  Address  City State Zip  Home Phone (	Payment: Ca							<u>.</u>			
Address  City State Zip	Mail to: N	//A									
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Address   State   Zip    Coach / Instructor   State   Zip    Athlete's Rank (check one): Novice:   White   Yellow   Orange   Intermediate:   Green   Drupple   Blue   Advanced:   Brown   Red   Black:   Draw   Green   Green	Home Phon	ne ()			Email	address					
Coach / Instructor  Athlete's Rank (check one):  Novice:   White   Yellow   Orange   Intermediate:   Green   Purple   Blue   Advanced:   Brown   Red   Black:       1"	Martial Arts	s School	<del> </del>		<del> </del>		_ Phone				
Athlete's Rank (check one):  Novice:   White   Yellow   Orange   Intermediate:   Green   Purple   Blue   Advanced:   Brown   Red   Black:   Is   Gender    Adhlete's DOB   Age   Weight   Gender    AGREEMENT, RELEASE AND WAIVER OF LIABILITY  In consideration of being permitted to participate in or assisting others in participation in the Daedo South, and related events and activities, on behalf of myself, or a minor child or we next of kin, personal representative, successor or assign:  (1) IACKNOWLEDGE, UNDERTANDIAND DECLARE THAT:  (2) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related extra consideration of the premises of the personal representative, successor of a single participating in the Scrimmage;  (b) Participating or assisting other in participating in the Scrimmage may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OI PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the play, or the conditions of the premises or of any equipment used;  (c) There may be OTHER RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:  (a) Daedo South, the employees, agents, volunteers, coaches, statiners, or official stiffliated with their programs;  (b) Any affiliated subsidiary, successor, organization, or related companies of businesses, other participants, participants, participanting, and person of the premises used to conduct the Games FROM ANY AND ALL LLABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO ONE PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participants, employees, or volunteers of such organization, or related companies of businesses, other participants, participanting, in performance in or lack of performance in or lack	Address								_		
Athlete's Rank (check one): Novice:   White   Cyellow   Orange   Intermediate:   Green   Plurple   Blue   Advanced:   Brown   Red   Black:     1 <sup>st</sup>       2 <sup>st</sup>       3 <sup>st</sup>       3 <sup>st</sup>	City				State	e	Zip		-		
Novice:   White   Yellow   Orange   Intermediate:   Green   Plurple   Blue   Advanced:   Brown   Red   Black:   D1st   Plurple   Blue   Advanced:   Brown   Red   Black:   D1st   Brown   Red   D2st   D3st	Coach / Ins	structor									
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Name of Athlete (Print)  Signature of Athlete (if at least 18 years of age)_  Date	next of kin, pen (1) I ACKN( (a) Sc (b) PR pla (c) (2) I ASSUM (a) (b) int org (C) (3) I AGREE (a) (3) I AGREE (a) (b) (c) (d) I CONSE (d)	sonal representative, so DWLEDGE, UNDER To the best of my rimmage; Participating or as OPERTY, or other co or the conditions on There may be OT ME ALL OF THE ABO Daedo South, its of Any affiliated subternational organizations; Owners, leasers a CRSON OR PROPER vel en route to and fix E THAT: Prior to participat will immediately REP SUME THE RISK of I will ALLOW my evision, radio or film ENT TO: ALL EMERGEN	successor or STAND AN knowledge, ssisting other other states of the premis HER RISKS over RISKS employees, a sosidiary, succession, agencies on TY, OR ANY om the Scriming as an att ORT such coff participating y PHOTOGI coverage of CY MEDIC	assign; ID DECLAR I am in GO r in participa which migh es or of any not known AND RELE gents, volur cessor, organ s, sponsors, o f premises u y OTHER C nmage.  alete, I, or in ondition(s) to g; RAPH, PICT the Scrimma	ALE THAT: OD PHYSICA  uting in the Se th result not or equipment use or not reason: EASE, WAIVI tteers, coache: iziation, or rel or advertisers, sed to conduct ONSEQUEN  the case of a to the athletic of TURE or LIKI age, WITHOU  MENT as may	rimmage m ily from my ed; ably foresee E, DISCHA s, trainers, c ated compa the respect t the Games CE in conno minor, a par coach, super ENESS and JT COMPE	ay involve RI or own actions, eable; and Unc RGE, HOLD or officials aff nies or busine ive administra s FROM ANY ection with en rent or guardia visor or offici or VOICE to ENSATION.	e no disease or i SK OF INJURY in actions or ne- derstanding All of HARMLESS, II liated with their sses, other partic tors, officers, di AND ALL LIA try in or arising an, will INSPEC al connected with APPEAR in any	njury that would be a TO ME, INCLUDINgligence but also the of the Above, NDEMNIFY AND C programs; cipants, participating rectors, agents, repre BILITY FOR INJUR out of participation in T the facilities and each the Scrimmage of or official documentar counstances by medic	aggravated by particle of DEATH, LOSS actions, in actions of OVENANT NOT To or sponsoring mun sentatives, employe Y, INCLUDING Do, performance in output purpose to be used same and either DE y, promotional (including properties).	cipating in activities relate OR DAMAGE TO ME O or negligence of others, the TO SUE: dicipalities, governmental a ees, or volunteers of such o DEATH, LOSS OR DAMA or lack of performance in, i d, and If I believe same to ECLINE TO PARTICIPATI cluding and all advertiseme
	Name of	Athlete (Print)				Sig	gnature of Ath	lete (if at least 1	8 years of age)_		Date

Signature of Parent/Legal Guardian (if Athlete is under 18 years of age)

Name of Parent/Legal Guardian if Athlete is a Minor (Print)

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**DIRECTIONS** 

Take I-75 to Exit 224, Eagles Landing Pkwy/Hudson Bridge Rd. From the South, turn right. From the North turn left. Travel 1 mile to 410 Eagles Landing Pkwy. (formerly Crossfit)



Place Stamp Here

To: