



# 2014 PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS

AGUASCALIENTES.12 SEPTEMBER 2014

2014 CAMPEONATO PAN AMERICANO DE PARA TAEKWONDO

## OFFICIAL CALL



## 2014 PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS

AGUASCALIENTES, 12 SEPTEMBER 2014

2014 CAMPEONATO PAN AMERICANO DE PARA TAEKWONDO

### OFFICIAL CALL

#### 2014 PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS OFFICIAL CALL- TECHNICAL ANNEX

##### PROMOTED BY

Pan American Taekwondo Union  
President, Grand Master Ji Ho Choi  
4 Brook Lane, Plainfield NJ 07060 USA  
Phone: (201) 694.1986/Fax: (908) 561.5648  
Email: masterjihochoi@aol.com  
Website: www.patu.org

##### ORGANIZED BY

Mexican Taekwondo Federation  
AV. Rio Churubusco Puerta 9 S/N  
Ciudad deportiva Magdalena Mixhuca  
Mexico DF. C.P. 08010  
Phone: 56545794  
Email: femextdk\_oficina@hotmail.com  
Website: www.femextkd.net

##### PLACE AND DATE OF THE EVENT

IDEA Gym- City of Aguascalientes  
Av. San Luis Potosí - Aguascalientes,  
Ciudad Deportiva, Aguascalientes  
September 12th 2014

##### INVITATION

Pan American Taekwondo Union and the Mexican Taekwondo Federation

##### OFFICIAL INVITATION

All Member National Federations of PATU to the **2014 Pan American Para-Taekwondo Championships** to be held in the City of Aguascalientes according to the following:

##### DATE

September 12th 2014

##### VENUE

Olympic Gym  
City of Aguascalientes, Mexico

##### COMPETITION RULES AND REGULATIONS

The 2014 **Pan American Adult Para Taekwondo Championship** will be governed by the latest competition rules of the WTF/PATU.

##### QUALIFICATIONS

In accordance with Article 4: Qualification of Contestant and Article 22: Para-Taekwondo of the WTF Competition Rules, the contestant must be

**Criteria No. 1:** To have the nationality of the participating team, and must be recommended by the pertinent National Association of Taekwondo.

**Criteria No. 2** Holder of 3-1 Gup recognized by WTF MNA or Dan/Poom recognized by Kukkiwon or WTF (\* A copy of the Gup/Dan certificate should be enclosed when registering for accreditation. In case a contestant has applied for a Kukkiwon Dan certificate but has not received it yet, a copy of the Dan application form and the remittance certificate sent to the Kukkiwon must be enclosed when registering for accreditation. Please refer to the Kukkiwon Web site (www.kukkiwon.or.kr) for more information.)

**Criteria No. 3:** Holder of valid WTF Global Athlete License (GAL). Any questions on the WTF GAL application please contact Mr. Jeremy Mallétroit the WTF Global Licence Administration Manager at gmsadmin@wtf.org

**Criteria No.4:** Born before December 31, 1998

**Criteria No 5:** Athlete must go through classification and be assigned Sport Class and Sport Class Status before the competition. (Classification of kyorugi athletes will take place on September 11, 2014.)

##### EVENTS

Kyorugi Classes

##### CLASSES

K41  
K42  
K43  
K44  
OPEN CLASS

##### METHOD OF COMPETITION

A single elimination tournament system shall apply.

##### WEIGHT DIVISIONS

The Olympic weight divisions shall apply as follows:

MEN	WOMEN
Not exceeding 61kg	Not exceeding 49kg
Over 58kg & not exceeding 75kg	Over 49kg & not exceeding 58kg
Over 75kg	Over 58kg

Weight divisions may be adjusted according to the number of participating athletes per each division.



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#### TEAM ENTRIES

PUESTO	MAXIMO DE PERSONAS POR EQUIPO
TEAM POSITION	MAXIMUM NO. OF MEMBERS
HEAD OF TEAM:	1
MANAGER:	1
COACH:	2
TEAM DOCTOR:	1
ATHLETE ASSISTANT:	1/5 Athletes Kyorugi*

*All officials are required to hold a valid Global Official Licence (including athlete assistants)*

Every national taekwondo association is permitted to enter no more than one contestant per weight division per classification.

#### CLASSIFICATION

Kyorugi

Classification of all Kyorugi athletes will take place on September 11, 2014. A schedule for teams and athletes will be set up by the PATU/OC and communicated to all teams in due course.

#### KYORUGI MINIMUM DISABILITY CRITERIA (MDC) (K40)

LD/PROM This group includes athletes with limb deficiency and impaired muscle strength. Individuals with traumatic amputations, dysmelia and impaired muscle strength resulting from loss of function (such as PNS damage, brachial plexus lesion), ambulatory Neurological impairments such as monoplegia.

Minimal Disability Criteria (MDC) is defined as:  
Loss of hand, through the wrist is the MDC.

Athlete must meet one of the MDC as per below

- Must lose three muscle grades – e.g Daniels and Worthington grade 2 cannot complete one heel rise to 25 degrees. In lying may complete full range of motion with resistance. (See Muscle testing Daniels Worthinghams 8th edition pp 229, 231)
- Brachial plexus – loss shoulder abduction loss of three (3) muscle grade points of muscle strength and same for shoulder flexion
- Loss of two (2) grade points of muscle strength in elbow flexion and extension

In the case that an athlete does not fulfill Minimum Disability Criteria

(MDC) for athletes with physical impairments in Kyorugi the athlete will be given the opportunity to compete in an Open class. Open class will not be included in Team rankings.

The development of classification is ongoing. Research will be continued throughout the competition.

Weigh in of Kyorugi athletes will be held in connection with the classification.

#### COMBINATION OF CLASSES AND DIVISIONS

The PATU reserves the right to combine classes and divisions in the case of insufficient participation. Combination of classes and/or divisions will be made by the Technical Delegate in consultation with the WTF Head of Classification.

#### CLASSIFICATION OF RESULTS

##### I. INDIVIDUAL AWARDS

Medals will be awarded to the top four athletes in the respective classifications and weight divisions of the pertinent championships:

<b>1st PLACE:</b>	GOLD MEDAL & CERTIFICATE
<b>2nd PLACE:</b>	SILVER MEDAL & CERTIFICATE
<b>3rd PLACE:</b>	BRONZE MEDAL & CERTIFICATE
	BRONZE MEDAL & CERTIFICATE

##### II. TEAM AWARDS

Based on the point system below, the top five (5) teams of the Men's division and the top five (5) teams of the Women's division will receive trophies:

RATIONALE	NO. OF POINTS AWARDED
For every contestant who passed the official weigh-in:	1
For every win (including byes):	1
For every Gold Medal:	7
For every Silver Medal:	3
For every Bronze Medal:	1



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Other prizes, such as the “Good Fighting Spirit Prize” and the “Active Participation Prize,” may be awarded to selected teams, upon the decision of PATU Technical committee during the pertinent championships.

#### WTF-RECOGNIZED TAEKWONDO UNIFORM (DO-BOK) AND PROTECTIVE EQUIPMENT

- i. Participating contestants are required to wear WTF-recognized doboks\* and WTF-recognized protective equipment. The latest version of WTF-recognized manufacturers’ list is available at the website of WTF (<http://www.worldtaekwondofederation.net/re-cognized>).
- ii. The Organizing Committee will provide head protector and Protector and Scoring System (PSS) to the participating contestants. Participating contestants are required to bring their own groin guards, mouthpieces, gloves, sensing socks and shin and forearm guards for their personal use.
- iii. Before entering the field of play, all contestants will proceed to the inspection desk for inspection of their doboks and protective equipment. Any contestant who wears unofficial doboks or protective equipment will not be permitted to compete.

*\*Note that Article 22.2 of the WTF Competition Rules shall apply*

#### CONDITIONS FOR PARTICIPATION

##### AIRFARE

Round trip airfares shall be borne by the participating national federations.

##### ACCOMMODATION

PATU will provide Free Rooms for all Para TKD athletes

##### ENTRY FEES

The PATU will waive the entry fees for the Pan American Para-Taekwondo Championships.

#### WTF TECHNICAL DELAGATE AND COMPETITION SUPERVISORY BOARD (CSB)

WTF will appoint an International Technical Delegate in accordance with WTF rules and regulations. The PATU will appoint required number of Competition Supervisory Board (CSB) Members. The following conditions shall apply:

- i. The OC shall provide room and board for WTF International Technical Delegate and the Competition Supervisory Board Members up to 4 nights of stay.
- ii. The Organizing Committee shall pay a per diem of USD\$200.00 to the Technical Delegate and the members of the Competition Supervisory Board for one-day 1ST Pan American Para-Taekwondo Championships.

#### ANTI-DOPING MEDICAL CONTROL

PATU, with assistance of the Mexico Organizing Committee, will carry out Anti-Doping Tests required by the WTF by following WADA program.

#### WEIGH-IN

- i. Weigh-in for contestants of all weight divisions and classifications shall be completed one (1) day before the championships. Therefore, the weigh-in for the Pan American Para-Taekwondo Championships will be held on September 11, 2014.
- ii. During the weigh-in, male contestants shall wear underpants and female contestants shall wear underpants and brassieres. Contestants may also choose to conduct the weigh-in without any clothing on.

#### HEAD OF TEAM MEETING & DRAWING OF LOTS SESSION

- i. The head of team meeting and the drawing of lots session shall be conducted one (1) day prior to the start of the championships, in the presence of the PATU officials and the representatives of the participating nations. The drawing of lots shall be done in an ascending order of the weight divisions (i.e. from the lightest to the heaviest weight divisions).
- ii. The order of the draw may be changed depending on the decision of the Technical Delegate, upon consultation with the participating officials at the Head of Team meeting.
- iii. Depending on the decision of the Technical Delegate, PATU officials or Organizing Committee volunteers could be designated to draw lots on behalf of the officials of the participating nations who are not present at the time of the lot drawing session.

#### INDEMNITIES

- i. The respective national taekwondo associations shall be responsible for ensuring that their participants have validly completed and signed the official participation forms, thus indemnifying the organizers, its officials and other contestants from any claims of injuries, losses, fatalities or otherwise arising in the course of participation in this championships or any activities thereto.
- ii. The respective national taekwondo associations shall be responsible for ensuring that all officials and participants are covered with effective insurance coverage.
- iii. Participants without proper participation entry forms and effective insurance coverage will not be allowed to compete at the championships.
- iv. The Organizing Committee will acquire general insurance, at its own expenses, for the contestants and staffs, in the event of any injury that may arise during the course of the championships.

#### NATIONAL FLAG AND ANTHEM EVERY PARTICIPATING NATIONAL TAEKWONDO ASSOCIATION IS REQUIRED TO BRING ALONG



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#### THE FOLLOWING ITEMS FOR USE AT THE OPENING AND/OR CLOSING CEREMONIES:

- i. Two (2) IOC-recognized national flags
  - Size: 90cm x 130cm
- ii. CD of the pertinent IOC-recognized national anthem

#### CIERRE DE INSCRIPCIONES

The entry form is enclosed herewith and should be submitted to the Organizing Committee (migonzalezgom@gmail.com) and a copy to the PATU Tournament Committee (eey314@yahoo.com) by no later than September 05 2014. PATU Tournament Committee Chairman will verify eligibility of the athletes upon receipt of entry.

#### GROUND TRANSPORTATION

- The Organizing Committee can provide ground transportation from the Aguascalientes International Airport to the official tournament hotels with a fee cost of \$10 USD per person. For further information please refer to the accommodation and transport guide.
- Transportation from any other airport will have to be individually arranged by the participating team.
- The Organizing Committee will provide ground transportation from official tournament hotels to the Olympic Stadium on an established schedule. The local organizing committee will not provide transportations from any other hotels.

#### VISAS

- All participants are responsible for their own visas to Mexico.

- An invitation letter will be available upon request. Please contact Ms. Maria Isabel Gonzalez (migonzalezgom@gmail.com) with the applicable information of the participants that is needed for the personalized document(s).

*Note: VISA fees must be paid by each participant or National Federation*  
**SCHEDULE OF EVENTS**

Date	Time	Event	Place
Sep. 09-10	All Day.	Arrival and registration of the teams	TBD
Sep. 11		Classification para-TKD Athletes	TBD
		Weigh in Para-TKD Athletes	
Sep. 12		Para-TKD Competition	Gimnasio IDEA

*Note: Details of daily event schedule are subject to change without notice.*



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#### FORMATO DE INSCRIPCION

TO	PAN AMERICAN TAEKWONDO UNION	MEXICAN TAEKWONDO FEDERATION
Attention to	Mr. Ji Ho Choi President	The Organizing Committee for Pan Am Para-TKD Championships
E-mail	Pan Am Para-TKD Championships	migonzalezgom@gmail.com
Tel.	201-694-1986	
Fax.	201-224-5768	

We, hereby submit this application to participate in  
**PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS**

Name of National Federation:

Address:

Tel. No:

Fax. No:

E-mail:

POSITION		NO. OF PERSONS	REMARKS
Officials	Male team		
	Female team		
Contestants	Male team		
	Female team		
Others			
Total			

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



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Signature of President

Name of President

Date

#### PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS LIST OF TEAM MEMBERS

TO	PAN AMERICAN TAEKWONDO UNION	MEXICAN TAEKWONDO FEDERATION
Attention to	Mr. Ji Ho Choi President	The Organizing Committee for Pan Am Para-TKD Championships
E-mail	masterjihochoi@aol.com	
Tel.	201-694-1986	
Fax.	201-224-5768	

Applying Member National Federation: \_\_\_\_\_

#### OFFICIALS:

POSITION		LAST NAME	FIRST NAME	DATE OF BIRTH (DD-MM-YY)
Head of Team	Male			
	Female			
Manager	Male			
	Female			
Coach	Male			
	Female			
Trainer	Male			
	Female			
Team Doctor	Male			
	Female			



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### CONTESTANTS:

WEIGHT	LAST NAME	FIRST NAME	DATE OF BIRTH (DD-MM-YY)	COLOR BELT OR KUKKI- WON CERTIFICATE NO.
Male -61kg				
Male -75kg				
Male +75kg				
Female -49kg				
Female -58kg				
Female +58kg				

This entry to be sent back to the Organizing Committee  
*Please keep a copy for your own records.*

Applying Member National Federation: \_\_\_\_\_

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of President

\_\_\_\_\_  
Date

*Entries arriving after the expiration of the required deadlines will not be taken into consideration, except in the case of circumstances, with approval of the President of the PATU. Any invited member national associations who failed to submit this entry by the designated deadline will be replaced with the substituted nations without prior notice*







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#### PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS

##### INDIVIDUAL ENTRY FORM FOR OFFICIALS

TO	PAN AMERICAN TAEKWONDO UNION	MEXICAN TAEKWONDO FEDERATION
Attention to	Mr. Ji Ho Choi President	The Organizing Committee for Pan Am Para-TKD Championships
E-mail	masterjihochoi@aol.com	
Tel.	201-694-1986	
Fax.	201-224-5768	

Position (please tick)	<input type="checkbox"/> Head of Team <input type="checkbox"/> Trainer	<input type="checkbox"/> Manager <input type="checkbox"/> Team Doctor	<input type="checkbox"/> Coach <input type="checkbox"/> Others
Name of Federation			
Division (please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

Family Name (as in Passport)		Given Name (as in Passport)		2 Photos
Passport No.		Nationality		
Date of Birth	____/____/____ Day Month Year	Dan Certificate No. (If any)		
Residential Mailing Address				
Home Tel No.		Mobile Phone No.		
Fax No.		E-mail Address		
Name of Contact Person in MNA				
Tel No.		Mobile Phone No.		
Fax No.		E-mail Address		

*Note: Please make enough copies to fill out the information of all participating officials and send copies of the completed forms to the Organizing Committee by no later than **Sep. 2014**.*



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#### PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS

##### INDIVIDUAL ENTRY FORM FOR ATHLETES

TO	PAN AMERICAN TAEKWONDO UNION	MEXICAN TAEKWONDO FEDERATION
Attention to	Mr. Ji Ho Choi President	The Organizing Committee for Pan Am Para-TKD Championships
E-mail	masterjihochoi@aol.com	
Tel.	201-694-1986	
Fax.	201-224-5768	

Category	Weight	<input type="checkbox"/> M -61 <input type="checkbox"/> M -75 <input type="checkbox"/> M +75 <input type="checkbox"/> W -49 <input type="checkbox"/> W -58 <input type="checkbox"/> W +58
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name of Federation

Family Name (as shown in Passport)		Given Name (as shown in Passport)		2 Photos
Passport No.		Nationality		
Date of Birth	____/____/____ Día Mes Año	Dan/Geup Certificate No. (a must)		
Residential Mailing Address	.....			
Home Tel No.		Mobile Phone No.		
Fax No.		E-mail Address		
Primary Training Facility Name: .....				
Primary Training Facility Address: .....				
Tel No.		Mobile Phone No.		
Fax No.		E-mail Address		

Note: Please make enough copies to fill out the information of all participating athletes and send copies of the completed forms to the Organizing Committee by no later than **Sep. 2014**



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#### CAMPEONATO PAN AMERICANO DE PARA-TAEKWONDO

##### TO: Mexican Taekwondo Federation

Av. Río Churubusco Puerta 9 Cd. Deportiva Magdalena Mixhuca, México, D.F. C.P. 08010  
Tel: 52(55)5654.6794 / Fax: 52(55)5803.0114 / Web Site: www.femextkd.net.mx  
E-mail:

#### LIABILITY DECLARATION

##### THE SIGNER

Name of National Federation: \_\_\_\_\_

President's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Fax: \_\_\_\_\_

The signer is authorized to make this declaration and has confirmed by his/her signature that liability insurance has been acquired for the officials and competitors participating in Pan American Para-Taekwondo Championships to be held in Aguascalientes, Aguascalientes, México on September, 2014.

This insurance is liable for all damages of persons or belongings, and releases the Organizing Committee, the World Taekwondo Federation (WTF), Pan American Taekwondo Union, Mexican Taekwondo Federation and Aguascalientes State Taekwondo Association from any liability or indemnity.

It is expressly confirmed that, in case of damages of persons or belongings, claims for compensation and demands whatsoever cannot be put forth to the Organizing Committee, the World Taekwondo Federation (WTF), Pan American Taekwondo Union, Mexican Taekwondo Federation and Aguascalientes State Taekwondo Association.

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of President

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



FEDERATION SEAL OR STAMP

*\*Please fill out and send this form to the Organizing Committee*





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#### PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS

##### TO: Mexican Taekwondo Federation

Av. Río Churubusco Puerta 9 Cd. Deportiva Magdalena Mixhuca, México, D.F. C.P. 08010  
Tel: 52(55)5654.6794 / Fax: 52(55)5803.0114 / Web Site: www.femextkd.net.mx  
E-mail:

#### PERSONAL INSURANCE CREDENTIAL

**No player or official will be accredited for Pan American Para-Taekwondo Team Championships without full completion of this form.**

- \* Do you have any medical problem?      Yes (  )      No (  ) [If yes, please explain on the bottom of this form]
- \* Do you require any special medication?      Yes (  )      No (  )

The undersigned, in consideration of his or her participation at the Pan American Para-Taekwondo Championships, agrees to his or her own indemnity and shall not hold the Organizing Committee, the World Taekwondo Federation (WTF), Pan American Taekwondo Union, Mexican Taekwondo Federation and Aguascalientes State Taekwondo Association, responsible for any and/or all injuries and/or illnesses, which may be suffered by the individual registered during the Pan American Para-Taekwondo Championships, arising out of, or in any way connected to, his or her participation at the Pan American Para-Taekwondo Championships.

I have read the above application and agreement, and fully understand that I assume all responsibilities for any risks undertaken or injuries received.

Name in full: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Home address: \_\_\_\_\_

I hereby declare, as confirmed by my signature, that liability insurance has been effected for all the officials and contestants from \_\_\_\_\_ (Insert name of your country) participating at Pan American Para-Taekwondo Championships in Aguascalientes, Aguascalientes, México.

This insurance covers all damages to persons and belongings, and indemnifies that the Organizing Committee, PATU, Mexican Taekwondo Federation and the World Taekwondo Federation from all damages, claims and demands whatsoever in respect thereof.

Explanations of Medical Problems:

\_\_\_\_\_  
Signature of President

\_\_\_\_\_  
Name of President

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

FEDERATION SEAL OR STAMP

*\*Please fill out and send this form to the Organizing CommitteeCampeonato Pan Americano de Para-Taekwondo*





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#### PAN AMERICAN PARA-TAEKWONDO CHAMPIONSHIPS THERAPEUTIC USE EXEMPTIONS FOR TAEKWONDO (TUE)

Please complete all sections in capital letters or typing

##### 1. ATHLETE INFORMATION

Surname:				Given Names:		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Date of Birth (D/M/Y):				
Address:						
City:	Country:	Postcode:				
Tel:	E-mail:					
(with international code)						
Weight Category:	Discipline (if applicable):					
If athlete with a disability, please indicate disability:						

##### 2. MEDICAL INFORMATION

Diagnosis with sufficient medical information (see note 1):

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If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication

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##### 3. MEDICAL DETAILS

Prohibited substance(s): Generic name	Dose	Route	Frequency
1.			
2.			
3.			



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Intended duration of treatment: (Please tick appropriate box)	Once only <input type="checkbox"/>	Emergency <input type="checkbox"/>
	or duration (week/month):	
Have you submitted any previous TUE application:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
For which substance?		
To whom?		When?
Decision:	Approved <input type="checkbox"/> Not approved <input type="checkbox"/>	

#### 4. MEDICAL PRACTITIONER'S DECLARATION

I certify that the above-mentioned treatment is medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name:			
Medical Specialty:			
Address:			
Tel:		Fax:	
E-mail:			
Signature of Medical Practitioner:		Date:	

#### 5. ATHLETE'S DECLARATION

I, \_\_\_\_\_ certify that the information under 1. is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List.

I authorize the release of personal medical information to the Anti-Doping Organization (ADO) as well as to WADA staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO under the provisions of the Code. I understand that if I ever wish to revoke the right of these organizations to obtain my health information on my behalf, I must notify my medical practitioner and my ADO in writing of that fact.

Athlete's Signature:	Date:	
Parent's / Guardian's Signature:	Date:	

(If the athlete is a minor or has a disability preventing him/her to sign this form, a parent or guardian shall sign together with or on behalf of the athlete)





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#### 6. NOTE

Note 1	<p><b>Diagnosis</b>  Evidence confirming the diagnosis must be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and the results of all relevant examinations, laboratory investigations and imaging studies. Copies of the original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion will assist this application.</p>
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#### **Incomplete Applications will be returned and will need to be resubmitted.**

Please keep the completed form for your own records and submit a copy to:  
Pan American Taekwondo Union  
E-mail: Masterjihochoi@aol.com  
Fax: 201-224-5768



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#### TRAVEL SCHEDULE OF NATIONAL TEAM

Participating Nation	
Total number of persons	
Number of officials	
Number of contestants	
Date of Arrival	
Time of Arrival	
City of Departure (to Aguascalientes)	
Flight No.	
Date of Departure (from Aguascalientes)	
Time of Departure (from Aguascalientes)	
City of Destination (from Aguascalientes)	
Flight No.	

**Important Notice:** This document must be returned to the Organizing Committee **NO LATER THAN SEPTEMBER 05, 2014** to ensure appropriate transportation arrangements for your team.