



# 1st Pan Am Para-Taekwondo Championship



8-12 December 2010  
Taekwondo linking the entire continent  
Monterrey, N.L. Mexico

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## Attention to

### The Pan American Taekwondo Union

1109 Edgewood Lane  
Fort Lee, New Jersey  
U.S.A. 07024  
Phone: 201-694-1986  
Fax: 201-224-5768  
Email: MasterJiHoChoi@aol.com

### Mexican Taekwondo Federation AC

Av. Río Churubusco puerta 9  
Cd. Deportiva Magdalena Mixhuca,  
México, D.F. C.P. 08010  
Tel. Directo y Fax: 5654.6794 / 5803.0114  
Presidente Lic. Juan Manuel López Delgado  
Website: www.femextkd.net.mx

We, hereby submit this application to participate in

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			

Signature of President

Name of President

Date

Application form



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### Entry Form For Verification Of Athlete's Eligibility

#### Athlete information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ National Taekwondo Association: \_\_\_\_\_

#### INFORMATION ON DISABILITY BY AMPUTATION. Please tick (X) the appropriate box.

Right Arm ☐

Left Arm ☐

Both Arms ☐

#### LEVEL OF AMPUTATION. Please tick (X) the appropriate box.

##### RIGHT ARM.

##### LEFT ARM.

☐ Finger

☐ Finger

☐ Hand

☐ Hand

☐ Wrist

☐ Wrist

☐ Forearm

☐ Forearm

☐ Elbow

☐ Elbow

☐ Arm

☐ Arm

☐ Shoulder

☐ Shoulder

#### Medical doctor information. I certify that the aforesaid medical information of the athlete is true.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of President

Date

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I certify that the athlete is classified under the category of:  
Please tick (X) the appropriate box.

**A5 - AE** ☐

Double above the elbow

**A6 - AE** ☐

Single above the elbow

**A7 - BE** ☐

Double below the elbow

**A8 - BE** ☐

Double below the elbow

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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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			

## Contestants:

A-5/6 Division

Weight	Last Name	First Name	Date of birth (dd-mm-yy)	Kukkiwon Certificate No.
Male -58kg				
Male -68kg				
Male -80kg				
Male +80kg				
Female -49kg				
Female -57kg				
Female -67kg				
Female +67kg				

Application form



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Applying Member National Federation:

Contestants:  
A-7/8 Division

Weight	Last Name	First Name	Date of birth (dd-mm-yy)	Kukkiwon Certificate No.
Male -58kg				
Male -68kg				
Male -80kg				
Male +80kg				
Female -49kg				
Female -57kg				
Female -67kg				
Female +67kg				

Remarks:  
This entry to be sent back to the Organizing Committee by no later than Dec. 1, 2010.  
Please keep a copy for your own records.

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

Application form



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## Category

**Division** ☐ A-5/6 ☐ A-7/8

**Weight** ☐ M -54 ☐ M -63 ☐ M -72 ☐ M -82 ☐ M +82  
☐ W -47 ☐ W -54 ☐ W -61 ☐ W -68 ☐ W +68

**Gender** ☐ Male ☐ Female

**Name of Federation:** \_\_\_\_\_

**Passport No.** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Dan/Geup Certificate No. (a must):** \_\_\_\_\_

**Height** \_\_\_\_\_ **cm** **Weight** \_\_\_\_\_ **kg**

**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 Dec. 1, 2010.



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<b>Nation</b>	
Total number of persons	
Number of officials	
Number of contestants	
Date of Arrival	
Time of Arrival	
City of Departure	
Flight No.	
Date of Departure	
Time of Departure	
City of Arrival	
Flight No.	

**Important Notice: This document must be returned to the Organizing Committee NO LATER THAN NOVEMBER 1, 2010 to ensure appropriate transportation arrangements for your team.**

Travel schedule of national team



Incomplete Applications will be returned and will need to be resubmitted.



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**Group indemnity FEMALE / MALE TEAM**

**The Signer** \_\_\_\_\_

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

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

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

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 1st Pan American Para-Taekwondo Championships to be held in Monterrey, Nuevo León, México on December, 2010. 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 Nuevo León 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 Nuevo León State Taekwondo Association.

**Liability declaration**

_____	_____	_____ _____ _____
Signature of President	Name of President	Date

**Federation Seal or Stamp**

**\*Please fill out and send this form to the Organizing Committee by E-mail or Fax. No later than November 1, 2010.**



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No player or official will be accredited for 17th Pan American Taekwondo 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 17th Pan American 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, Nuevo León State Taekwondo Association, and all related personnel and officials, responsible for any and/or all injuries and/or illnesses, which may be suffered by the individual registered during the 17th Pan American Taekwondo Championships, arising out of, or in any way connected to, his or her participation at the 17th Pan American 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 17th Pan American Taekwondo Championships in Monterrey, Nuevo León, México.

This insurance covers all damages to persons and belongings, and indemnifies that the Organizing Committee, the World Taekwondo Federation (WTF), Pan American Taekwondo Union, Mexican Taekwondo Federation, Nuevo León State Taekwondo Association, and all related personnel and officials 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 Committee by E-mail or Fax. No later than November 1, 2010.**



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Personal insurance credential

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 Presidente Lic. Juan Manuel López Delgado  
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 Monterrey, N.L. Mexico

Participating Nation: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Total Number of people: \_\_\_\_\_

Hotel Name:

Room Rate: Single: ( ) Double: ( )

Hotel Name:

Room Rate: Single: ( ) Double: ( )

Hotel Name:

Room Rate: Single: ( ) Double: ( )

Hotel Name:

Room Rate: Single: ( ) Double: ( )

Number of Single Rooms: \_\_\_\_\_ Number of Double Rooms: \_\_\_\_\_

Triple or Quadruple Rooms at the Olympic Training Center: \_\_\_\_\_

**Available only on Special request. Availability based on first come first serve policy.**

**Above Room Rates Include: Breakfast, Transportation to Airport and all Taxes.**

**A 50 % deposit of full amount is requested with every inscription. With the confirmation, a final invoice should be sent and full payment is expected IMPERATIVELY DECEMBER 5, 2010. After this date no refund will be possible in case of cancellation.**

Method of Payment Information: BANKING REFERENCES:

Intermediary's Bank:

SWIFT BIC: SWIFT BBVA BANCOMER BCMRMXMMPYM

BBVA Bancomer, S.A. Banca de Empresas Querétaro Constituyentes (0828)

Av. Constituyentes 120 PTE Co. El carrizal C.P. 76030 Qro. Qro. México

Depósitos Nacionales:

Operadora de Espectáculos, Ferias y Conciertos, S.A. de C.V.

Banco: Banorte Cuenta Número: 0617298535

Official hotel reservation form



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## 1. Athlete Information

Please complete all sections in capital letters or typing

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Female ☐ Male ☐ Date of Birth (d/m/y): \_\_\_\_\_

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

City: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Weight Category: \_\_\_\_\_ Discipline (if applicable): \_\_\_\_\_

If athlete with a disability, please indicate disability:

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## 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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Therapeutic Use Exemptions for Taekwondo (TUE)



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## 3. Medical Details

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

Intended duration of treatment:  
(Please tick appropriate box)

Once only ☐ or duration (week/month): \_\_\_\_\_

Emergency ☐

Have you submitted any previous TUE application: YES ☐ NO ☐

For which substance? \_\_\_\_\_

To whom? \_\_\_\_\_ When? \_\_\_\_\_

Decision: Approved ☐ Not approved ☐

## 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

Date

Practitioner: \_\_\_\_\_

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## 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

## 6. Note

### Note 1. Diagnosis

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.

Please keep the completed form for your own records and submit a copy to:

Organizing Committee  
E-mail: atkdml@hotmail.com  
Fax: (52) 828 284 4342  
México

Therapeutic Use Exemptions for Taekwondo (TUE)



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