



1st Pan American Poomsae Championship



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

Pan American Poomsae Championship



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Taekwondo linking the entire continent
Monterrey, N.L. Mexico

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

Name of National Federation: _____

President: _____

Individual Male: Junior: Yes () / No ()
1st Senior: Yes () / No () 2nd Senior: Yes () / No ()
1st Master: Yes () / No () 2nd Master: Yes () / No ()

Individual Female: Junior: Yes () / No ()
1st Senior: Yes () / No () 2nd Senior: Yes () / No ()
1st Master: Yes () / No () 2nd Master: Yes () / No ()

Pair competition: Yes () / No ()

Team competition: Male: Yes () / No () Female: Yes () / No ()

Free Style Created Poomsae Team Competition: Yes () / No ()

Total Number of contestants: _____

Total Number of Officials & Delegates: _____

Signature of the President or General Secretary

Please Print Name

Date

Federation Seal or Stamp

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INDIVIDUAL , PAIRS, TEAM AND FREE STYLE CATEGORIES

Endorsement to participate

*Please, Type or write this form in capital letters.

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Country: _____

National Association: _____

President's name: _____

Liability Waiver

On behalf of the (Name of your country) _____ National Taekwondo Team, I do, hereby declare to assume full responsibility of my team from all injuries, and/or deaths and/or property damages during the 1st Pan American Taekwondo championships in Monterrey, Nuevo León, México. In consideration of your acceptance of my teams entry, I do hereby, for my team, myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against FEMEXTKD and for its states and district associations, the 1st Pan American Poomsae Championships and its organizing committee, the Mexican Olympic Committee, the National Commission of Sports CONADE, INDES and the administrator of venues, the Pan American Taekwondo Union, the World Taekwondo Federation, and all members of the championship, or their respective officers, committees, medical committee, agents, representatives, successors, and/or assignees and against any competitor for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I understand all the contents of the 2010 rules and general information published by the sponsors and I agree with them in their entirety. I understand that if I fail to abide by the rules of FEMEXTKD, the CONADE, INDE or any of its counterparts, or if my conduct is not cooperative for the successful operation of the tournament that I may be dismissed from the premises without compensation, and my credentials may be taken away along with all rights and privileges provided by those credentials. If I fail to show up at the competition, I knowingly forfeit all applicable registration fees. I understand that refunds will not be given for any reason. I understand that personal/business Checks are not acceptable forms of payment for registration and that they will be returned to the applicant with his/her application. I further understand that any pictures taken of me in connection with the 1st Pan American Poomsae Championships may be used by FEMEXTKD for publicity or promotion without compensation. I hereby agree to all the terms and conditions of the liability waiver above.

Signature of the President or General Secretary

Date

Head of Team's Signature

Date

Official Entry Form



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

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INDIVIDUAL APPLICATION FORM

Male Contestant

*Please type or write in Capital letters.

Full Name: _____

Age: _____ Date of Birth: _____

Address: _____

I hereby submit my application to participate at the 1st Pan American Poomsae Championships from December 7-10, 2010 in Monterrey, Nuevo León, México.

As a member of the (Name of your Country) _____ National Taekwondo Team, I will compete under the competition rules & regulation of the WTF and PATU to the best of my ability. I will also respect and accept all decisions made by the international referees of this event.

Liability Waiver: In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against FEMEXTKD and for its states and district associations, the 1st Pan American Poomsae Championships and its organizing committee, the Mexican Olympic Committee, the National Commission of Sports (CONADE), INDES and the administrator of venues, the Pan American Taekwondo Union, the World Taekwondo Federation, and all members of the championship, or their respective officers, committees, medical committee, agents, representatives, successors, and/or assignees and against any competitor for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I understand all the contents of the 2010 rules and general information published by the sponsors and I agree with them in their entirety. I understand that if I fail to abide by the rules of the FEMEXTKD, the CONADE, or any of its counterparts, or if my conduct is not cooperative for the successful operation of the tournament that I may be dismissed from the premises without compensation, and my credentials may be taken away along with all rights and privileges provided by those credentials. If I fail to show up at the competition, I knowingly forfeit all applicable registration fees. I understand that refunds will not be given for any reason. I understand that personal/business Checks are not acceptable forms of payment for registration and that they will be returned to the applicant with his/her application. I further understand that any pictures taken of me in connection with the 1st Pan American Poomsae Championships may be used by FEMEXTKD for publicity or promotion without compensation. I hereby agree to all the terms and conditions of the liability waiver above.

Competitor's Name

Signature

Date

Emergency Contact Tel. Or Cell Phone: _____

Relation to the Participating Athlete: _____

Official Entry Form



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INDIVIDUAL APPLICATION FORM

Female Contestant

*Please type or write in Capital letters.

Full Name: _____

Age: _____ Date of Birth: _____

Address: _____

I hereby submit my application to participate at the **1st Pan American Poomsae Championships from December 7-10, 2010 in Monterrey, Nuevo León, México.**

As a member of the (Name of your Country) _____ National Taekwondo Team, I will compete under the competition rules & regulation of the WTF and PATU to the best of my ability. I will also respect and accept all decisions made by the international referees of this event.

Liability Waiver: In consideration of your acceptance of my entry, I do hereby, for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or may accrue to me against FEMEXTKD and for its states and district associations, the 1st Pan American Poomsae Championships and its organizing committee, the Mexican Olympic Committee, the National Commission of Sports (CONADE), INDES and the administrator of venues, the Pan American Taekwondo Union, the World Taekwondo Federation, and all members of the championship, or their respective officers, committees, medical committee, agents, representatives, successors, and/or assignees and against any competitor for any and all damages which may be sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that Taekwondo is a body-contact sport, which involves a risk of injury. I understand all the contents of the 2010 rules and general information published by the sponsors and I agree with them in their entirety. I understand that if I fail to abide by the rules of the FEMEXTKD, the CONADE, or any of its counterparts, or if my conduct is not cooperative for the successful operation of the tournament that I may be dismissed from the premises without compensation, and my credentials may be taken away along with all rights and privileges provided by those credentials. If I fail to show up at the competition, I knowingly forfeit all applicable registration fees. I understand that refunds will not be given for any reason. I understand that personal/business Checks are not acceptable forms of payment for registration and that they will be returned to the applicant with his/her application. I further understand that any pictures taken of me in connection with the 1st Pan American Poomsae Championships may be used by FEMEXTKD for publicity or promotion without compensation. I hereby agree to all the terms and conditions of the liability waiver above.

Competitor's Name

Signature

Date

Emergency Contact Tel. Or Cell Phone: _____

Relation to the Participating Athlete: _____

Official Entry Form



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LIST OF COMPETITORS AND OFFICIALS

*Please type or write in Capital letters.

Country: _____

Official Delegates

Position	Name in Full	Birthday	Nationality
Head of Team			
Manager			
Coach / Male			
Coach / Female			
Team Doctor			

Male / individual competitors

Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Junior				
Junior				
Junior				
1st Senior				
1st Senior				
1st Senior				
2nd Senior				
2nd Senior				
2nd Senior				
1st Master				
1st Master				
1st Master				
2nd Master				
2nd Master				
2nd Master				

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Female / individual competitors

Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Junior				
Junior				
Junior				
1st Senior				
1st Senior				
1st Senior				
2nd Senior				
2nd Senior				
2nd Senior				
1st Master				
1st Master				
1st Master				
2nd Master				
2nd Master				
2nd Master				

Competitor list / pairs competition

Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
1st Division Pair 1				
Pair 1				
1st Division Pair 2				
Pair 2				
2nd Division Pair 1				
Pair 1				
2nd Division Pair 2				
Pair 2				

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Competitor list / male team competition

1 st Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Male Team 1				
Male Team 1				
Male Team 1				
Male Team 2				
Male Team 2				
Male Team 2				

2nd Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Male Team 1				
Male Team 1				
Male Team 1				
Male Team 2				
Male Team 2				
Male Team 2				

Official Entry Form



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Competitor list / female team competition

1 st Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Female Team 1				
Female Team 1				
Female Team 1				
Female Team 2				
Female Team 2				
Female Team 2				

2nd Division	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
Female Team 1				
Female Team 1				
Female Team 1				
Female Team 2				
Female Team 2				
Female Team 2				

Official Entry Form



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Competitor List / Free Style Created Poomsae Competition

Minimum 4, Maximum 7 Competitors per Team

Team 1 Free Style	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
1				
2				
3				
4				
5				
6				
7				

Competitor List / Free Style Created Poomsae Competition

Minimum 4, Maximum 7 Competitors per Team

Team 2 Free Style	Name in Full	Birthday	Nationality	Kukkiwon Dan No.
1				
2				
3				
4				
5				
6				
7				

Note: Each Participant must fill an individual form for participate in all categories of poomase competition.

FederationSeal or Stamp

Official Entry Form



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Payment schedule & registration deadline

Competitors	Early Registration Received by November 15, 2010	Received After November 15, 2010 or on-site
Individual competition	\$100.00 USD EACH CONTESTANT	\$150.00 USD EACH CONTESTANT
Pairs competition	\$200 USD per PAIR	\$300 USD per PAIR
Team competition	\$200 USD EACH TEAM	\$300 USD EACH TEAM
Free style created Poomsae Team	\$300 USD EACH TEAM	\$500 USD EACH TEAM

Total Amount Due Per Country (USD): _____

**PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH TEAM MEMBER
(Team Officials & Competitors)**

- _____ Preliminary Registration Form (to be mailed to FEMEXTKD office by November 15, 2010)
- _____ Official Team Entry Form (separate form for male and female teams).
- _____ Individual Application Form (1 form for each team member, officials and contestants alike).
- _____ List of Male / Female Teams (National Taekwondo Federation seal must be affixed).
- _____ Proof of age (Copy of passport)
- _____ Copy of Kukkiwon black belt certification.
- _____ Signed FEMEXTKD Consent for Medical Treatment
- _____ For Wire Transfers confirmation of the transfer is required.

Payment Methods



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Payment schedule & registration deadline

Bank Deposits:

Operator Shows, Fairs & Concerts SA de CV
Banorte Account number 0617298535

Documents Submissions Address:

"GOTICKET / PRODEQ" boulevards PLAZA

BOULEVARD BERNARDO QUINTANA NO. 4100, INTERIOR 20
COL. 3rd ALAMOS. SECCION C.P. 76 160, QUERETARO, QRO

a) Documents Submission Deadline December 7th, 2010

Attach deposit slip; make sure the deposited amount corresponds to the date the deposit is made (see Costs above)

b) Registration on December 8th, 9th and 10th must be made directly at the venue

For Further Information Call:

01800 480 0000 Free of Charge
01 52(442)220 90 10

Payment Methods



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CONSENT FORM FOR MEDICAL TREATMENT BY FEMEXTKD

I, _____, consent to medical treatment for athletic related injuries/illnesses by FEMEXTKD Medical Personnel and /or Hospital Medical Staff. I authorize treatment by such personnel in the event of injury or illness.

(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 while participating in a FEMEXTKD event or as a member of FEMEXTKD administered by FEMEXTKD Medical Personnel and/or Hospital Medical Staff.

(Parent/Guardian Signature) Date

All medical evaluations completed by FEMEXTKD Medical Personnel for athletic injuries are considered confidential and will be filed at the FEMEXTKD National Office. Copies of medical injury forms can be requested verbally from the FEMEXTKD 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 FEMEXTKD National Office. No information about an individual athlete will be released without that athlete's permission. 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. This information will be released to the Medical Director, Medical Coordinator, Referee Chairperson, Tournament Director, National, COES, INDES, and or Board of Directors for purposes of enforcing the 30-day rule in compliance with FEMEXTKD and WTF rules.

(Athlete's Signature) (Parent/Guardian Signature) (Date)

INSURANCE INFORMATION:

Primary Insurance Company: _____ Policyholder's Name: _____

Insurance Address: _____

Insurance Phone: _____ Policy #: _____ Claimant's Name (Print): _____

WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

• In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against FEMEXTKD and for its states and district associations, this athletic meet, its organizing committee, the Mexican Olympic Committee, 1st Pan American Poomsae Championships, the Pan American Taekwondo Union, the World Taekwondo Federation, and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners and lesser of premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or the minor child, in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from this athletic meet. I understand that all entry fees are nonrefundable.

• I understand the nature of FEMEXTKD Taekwondo activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that FEMEXTKD activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.

• I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Participant's Printed Name Participant's Signature Date

Parent/Guardian's Printed Name Parent/Guardian's Signature Date



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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 NOVEMBER 7, 2010

After this date no refund will be possible in case of cancellation.

Method of Payment Information:

Official hotel reservation form



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Travel schedule of national team

Nation	
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 15, 2010 to ensure appropriate transportation arrangements for your team.



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