



Olympic Sparring Clinic and Scrimmage

January 26, 2019

US Tae Kwon Do and Hapkido Academy
1117 Stones River Court
LaVergne, TN 37076
(p) 615.213.8532
Dustin Sands, Instructor

- 9:30am Registration – bring attached application completed
- 10:00am Olympic Sparring Drills, Strategy & Application
- 11:30am Break
- 12:00pm Sparring Scrimmage -All belts; Black belts will use KP&P
- 2:00pm Recap

COST is \$25 per person payable in cash or credit card at the door

This event is licensed by the Amateur Athletic Union of the U.S., Inc. All participants must have a current AAU membership. AAU membership may not be included as part of the entry fee to the event. AAU membership must be obtained before the competition begins, except where the event operator has a laptop available with an internet connection.

BE PREPARED: Adult and Non-Athlete memberships are no longer instant and cannot be applied for at the event. Please allow up to 10 days for memberships to be processed.

Participants are encouraged to visit the AAU web site www.aausports.org to obtain their membership



**2019 Olympic Sparring Clinic & Scrimmage
US Tae Kwon Do & Hapkido Academy
Participant Application**

\$25 per participant

Cash or Credit Card only

Name: _____
(first) (middle) (last)

Address: _____
(street) (city, state, and ZIP)

Martial Arts School: _____ **Instructor:** _____

Email: _____ **Phone:** _____

AAU# (current athlete membership required): _____

Gender: M or F **Age:** _____ **Birthdate:** ___/___/___ **Weight:** _____ lbs.

Rank: ___ Novice (White, Yellow, Orange) ___ Intermediate (Green, Purple, Blue) ___ Advanced (Red, Brown) ___ Black (___ Dan)

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2019 Olympic Sparring Clinic and Scrimmage, and do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while attending or participating, and I hereby waive all claims against the AAU, Dustin Sands, US Tae Kwon Do Academy, athletes, officials, and volunteers, individually or otherwise, for any claim for injuries that I might sustain. I fully understand that any medical treatment given me will be first aid treatment only. I understand that the fee paid is non-refundable. I hereby authorize public use of my photograph which may be taken during this event.

Signature of Participant/Guardian if under 18 years old

Date