

2016 Iowa Governor's Cup Taekwondo Championships

All American Sports Complex, Ames IA
hamannma@hotmail.com

February 2016

Dear Taekwondo Family,

Greetings from Ames, Iowa and Iowa State University! We would like to thank you for all of your support and cooperation in 2015. We would like to invite you to the 14th Iowa Governor's Cup Taekwondo Championships.

The 14th Governor's Cup Taekwondo Championships will be held on March 12th. Registration will take place between 8am and 9:30am and the opening ceremonies and competition will begin at 9:30am at the Sports Iowa Complex (2176 232nd Lane, Ames, IA 50014). The entry fee will be \$55 for forms and sparring. Advanced registration is STRONGLY advised. Please visit our website, <http://www.cmac.stuorg.iastate.edu/events/> for more information. Daedo will be set up for black belt divisions ages 15-17 and 18-31. You will need to purchase your own Daedo socks beforehand, as they will not be provided or for sale at the venue.

We will be giving out beautifully designed medals that represent Iowa pride for first, second, and third place. At the end of the day, we will announce the team standings and present team trophies for first, second, and third place.

If you have any questions, please contact:

- Tournament Director: Matt Hamann, hamannma@hotmail.com
- Co-Director: Suzanne Mooney, slmooney@iastate.edu
- Co-Director: Zach Bowerman, zpb@iastate.edu
- Co-Director: Janine Wiggins-Tellinghuisen

Also check out the online registration! Keyword- Iowa Governor's Cup.

Entry Fee

Sparring and Poomsae \$55.00

**Late Registration (postmarked after March 6th, 2016 = \$70.00)

If your students need application forms, they can be found on the Cyclone Martial Arts Club homepage at <http://www.cmac.stuorg.iastate.edu/events/>. If there are any questions, please email hamannma@hotmail.com, or slmooney@iastate.edu.

Thank you for your time and consideration.

Sincerely,

Matt Hamann

Hotel Information

Quality Inn

2601 E 13th St, Ames, IA 50010

(515) 232-9260

Rooms are registered under – “Governor’s Cup”

Ask for Governor’s Cup room rate: \$89

2016 Iowa Governor's Cup Taekwondo Championships

Entry Form

Registration for participation in the 2016 Iowa Governor's Cup Taekwondo Championships

- *Date: March 12th, 2016*
- *Registration: 8:00-9:30am*
- *Competition: 9:30am*
- *Location: The All American Sports Complex, 5820 W Lincoln Way, Ames, IA 50014*

Entry Fee of \$55.00 will be \$70.00 if postmarked later than March 7th, 2016.

Make checks/money orders payable to: CYMA

Mail entry form and payment to: **Matt Hamann, C.Y. Martial Arts, 2310 Ferndale Ave.
Ames, Iowa 50011**

REGISTRATION FORM

[Please Print]

NAME _____ AGE _____ PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL _____ TAEKWONDO CLUB _____

RANK (Belt Color) _____ Gender (M / F) POOMSAE _____ SPARRING _____

*If you wish to compete in a division that is more challenging (age or rank) for sparring, please indicate this in an attached note; otherwise, you will be placed into a division according to the information that you provide here.

For More Information:

Matt Hamann - hamannma@hotmail.com

Suzanne Mooney - slmooney@iastate.edu

Zach Bowerman - zpb@iastate.edu

<http://www.cmac.stuorg.iastate.edu/events/>

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2016 Iowa Governor's Cup Taekwondo Championships

PARTICIPATION AGREEMENT,

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

You have requested to participate in an activity sponsored by the C.Y. Martial Arts. All Taekwondo activities involve risks and it is important for you to have information about your selected activity and to provide C.Y. Martial Arts with information about yourself before participating in this activity. This Participation Agreement, Assumption of Risk, and Release and Waiver of Liability (Hereafter "Participation Agreement") must be read carefully and signed by all participants who take part in the activities offered at the Iowa Governor's Cup Taekwondo Championships.

PLEASE READ THIS AGREEMENT CAREFULLY.

IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU MAY HAVE IF YOU (OR YOUR CHILD) ARE INJURED OR OTHERWISE SUFFER DAMAGES WHILE PARTICIPATING IN THE IOWA GOVERNOR'S CUP TAEKWONDO CHAMPIONSHIPS.

In consideration of C.Y. Martial Arts allowing me to participate in any way, including instructional classes, any Taekwondo tournament, practice, clinic, and related events and activities and travel to and from events or activities of C.Y. Martial Arts I agree and understand the following:

Nature of Taekwondo Activity: Taekwondo is a contact sport. Contact sports are strenuous and require educational information about the necessary skills involved before the activity may be completed in the safest manner possible. Prior to your participation in any Taekwondo activity, you will receive activity information and have the opportunity to ask any questions you may have.

Inherent Risks and Dangers of Taekwondo Activity: I understand and appreciate that the risks and dangers are inherent when participating in contact sport activities. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inaction or negligence, but also to the actions, inaction or negligence of others, the rules of the sport of Taekwondo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. **I understand that these risks and dangers could result in property damage and personal injury, including death, and I agree to accept all risks associated with the sport of Taekwondo and this activity whether present or future, known or unknown, arising from, or as a result of my voluntary participation in Taekwondo activities.**

Association Membership. Please indicate if you are a current member of a martial arts association providing excess medical coverage to participate.

Circle One: Yes No If yes, please provide the association name _____

Medical Emergency Permission and Financial Responsibility for Medical Treatment

The health history provided for the participant is correct and complete to my knowledge. If an injury or other medical condition occurs or arises, I hereby give permission to the C.Y. Martial Arts staff or volunteer to provide routine health care and seek emergency treatment including x-rays or routine tests. I agree to the release of any record necessary for treatment, referral, billing or insurance purposes. **I understand that C.Y. Martial Arts does NOT carry any health insurance for participants and that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit.** In the event of an emergency where I cannot decide for myself (or if the parent is not available to make a decision for a child participant), I give permission to the physician/hospital selected by the C.Y. Martial Arts staff or volunteer to secure and administer treatment for me (my child), including hospitalization

_____initial _____date

Behavior Expectations of the Participant: Successful participation in Taekwondo activities requires all participants to abide by rules and regulations of this activity in general and to the specific activity selected by the participant. I know it is most important to follow the directions of the activity leader(s) at all times. I understand that as a participant I have the responsibility to help make the activity a safe experience for me and all other participants through behavior and conduct that adheres to the standards set by the C.Y. Martial Arts

I am familiar with, and will obey, any and all rules and regulations for the C.Y. Martial Arts. If I violate any of the rules and regulations, I understand that my participation in the activity may be terminated.

_____initial _____date

Health Condition of the Participant: Participants must be healthy and reasonably fit to safely participate in contact sport or Taekwondo club activities. By signing this participation agreement, you agree:

- That you have the physical fitness and ability to participate safely in the specified activity. In addition, you will participate in the specified activity within your ability and skill level.
- To furnish the C.Y. Martial Arts a medical information form that includes health history, emergency medical permission signatures, and health insurance information.
- To inform the program leader of any medication, ailment, condition, or injury that may affect your performance in the activity.
- That you must supply your own health insurance and will bear all financial responsibility for any medical treatment arising from participation in the Taekwondo activity.

_____initial _____date

This Iowa Taekwondo Championships Participation Agreement, Assumption of Risk, and Release and Waiver of Liability shall be governed by and construed under the laws of the State of Iowa, which shall be the forum for any lawsuits arising from or incident to this Agreement.

I, _____ (participant) ASSUME THE OBVIOUS AND THE INHERENT RISKS AND LIABILITIES of participating in a Taekwondo activity or event and hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the C.Y. Martial Arts, the State of Iowa, The All American Sports Complex, and any of the officers, servants, agents and employees of the above-mentioned entities (hereinafter referred to as RELEASEES) for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my participation in the above-described activities.

I agree to INDEMNIFY AND HOLD HARMLESS the RELEASEES whether injury is caused by my negligence, the negligence of the RELEASEES or the negligence of any third party. I further agree that this Participation Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Participation Agreement shall be construed in accordance with the laws of the State of Iowa.

By signing this Participation Agreement, I state that I have read and understand the conditions set forth in it, that I agree to all conditions set forth herein, and that I sign this voluntarily.

Date	Name (please print)
	Signature
	Signature of Parent or Guardian (if under 18)

NOTE: This Participation Agreement, Assumption of Risk, and Release and Waiver of Liability must be signed by both the participant and the participant's legal guardian if the participant is not of legal age.

Divisions for the 2015 Governor's Cup

Sparring (Gyo-Roogi)

Ages Divisions: 5-8, 9-11, 12-14, 15-17, 18-31,32-41, 42+

Belt Divisions: (White/Yellow/Orange) (Green/Blue) (Brown/Red) (Black)

Color Belt: 11 and under no head contact, 12-17 Junior Safety Rules, 18+ Adult Rules.*

Black Belt: 8 and under no head contact, 9-14 Junior Safety Rules, 15-up Adult Rules.*

**Current USAT/WTF rules will be enforced with one exception. 5 full point deductions will result in disqualification.*

Rounds

All Color Belts, and 6-11 Black Belts: 2 rounds 1 minute in length with a 30 second break

Black Belts 15+: 2 rounds 2 minutes in length with a 30 second break

Divisions may be adjusted as needed.

If at the end of round 1, or anytime in round 2 there is a margin of 12 points the match will be stopped.

Coaches will have the ability to challenge. However the spectrum of challenges follow current USAT rules and will be decided by corner judges and center referee.

Poomsae

Ages Divisions: 5-8, 9-11, 12-14, 15-17, 18-31,32-41, 42+ *

Belt Divisions: (White/Yellow/Orange) (Green/Blue) (Brown/Red) (Black)*

**Divisions can be merged depending on numbers.*

Players will not be scored individually. The winner is to be declared by judges' indication.