



Saturday, June 7, 2008

Developmental Program for Athletes, Coaches, and Referees.
Unlimited Scrimmaging on **Matted Rings** with **Electronic Scoring**



Place
Stamp
Here

To:

Developmental Program for Athletes, Referees, and Coaches

Georgia Sports Foundation, Inc

presents:



Curtis Barnett
2008 AAU SR Team Member
2004 AAU SR Team Member



Jermain James
2008 AAU SR Team Member
2006 US JR Team Member



Nikolaus Gottschalck
2007 US JR Team Member



Brice Yu
2007 US JR Team Member

Purpose: Developmental Program for Athletes, Coaches, and Referees
Unlimited Scrimmaging on **Matted Rings** with **Electronic Scoring**

Date: **Saturday, June 7, 2008**

Time: 12:00pm - 4:00pm

Events: 1 Hour **WORKSHOP** with 4 USA of AAU team members
3 Hours of **SCRIMMAGE**

Venue: Moseley Park Recreation Facility
1041 Miller's Mill Rd
Stockbridge, Ga 30281

Fees: **Pre-Registration Discount** **\$40**
(register with your instructor by May 31)
At the door \$50

Contact: [David Wilch](#) [Phone: \(770\) 507-5425](#)

Georgia Sports Foundation, Inc
Tae Kwon Do
General Information

About the Event: This is a developmental event. **This is not a tournament.** There are no awards; only learning.

The gym will open 30 minutes early for registration, warm-up, and practice. You will be responsible for your own warm-up. When the scrimmage starts, report to a ring appropriate to your size. You may move up or down one ring to find appropriate sized athletes. Once at the ring, **the athlete and/or the coach is responsible for finding an appropriate opponent.** Fill out a match form. Listen for your turn. After your match, sign-up for another. There is no limit.

Who is Invited: Anyone who is willing to practice under the rules of the WTF (USTU, olympic style AAU). We will be using the 7 point gap rule and excluding the 12 point ceiling rule.

Rules: Play nice! Sparring rules of the WTF apply, with one exception. ANYONE cited for malicious intent to injure will be asked to leave or escorted out. Event directors with the assistance of referees will have complete authority in this matter. The primary concerns are uncontrolled techniques to the head or intentional attacks to illegal areas. While **head contact** is permitted, it **must be light.** There will be no knock-outs! **This applies to all ages.** This is a practice event, not a tournament.

* 11 years and under **will be allowed** to kick to the head with control and light contact. Junior safety rules will be enforced.

Who must pay: All athletes must pay. There are no fees for coaches and spectators. Parents chairs will be available at this venue. Please help yourself to a chair and return it when you are done.

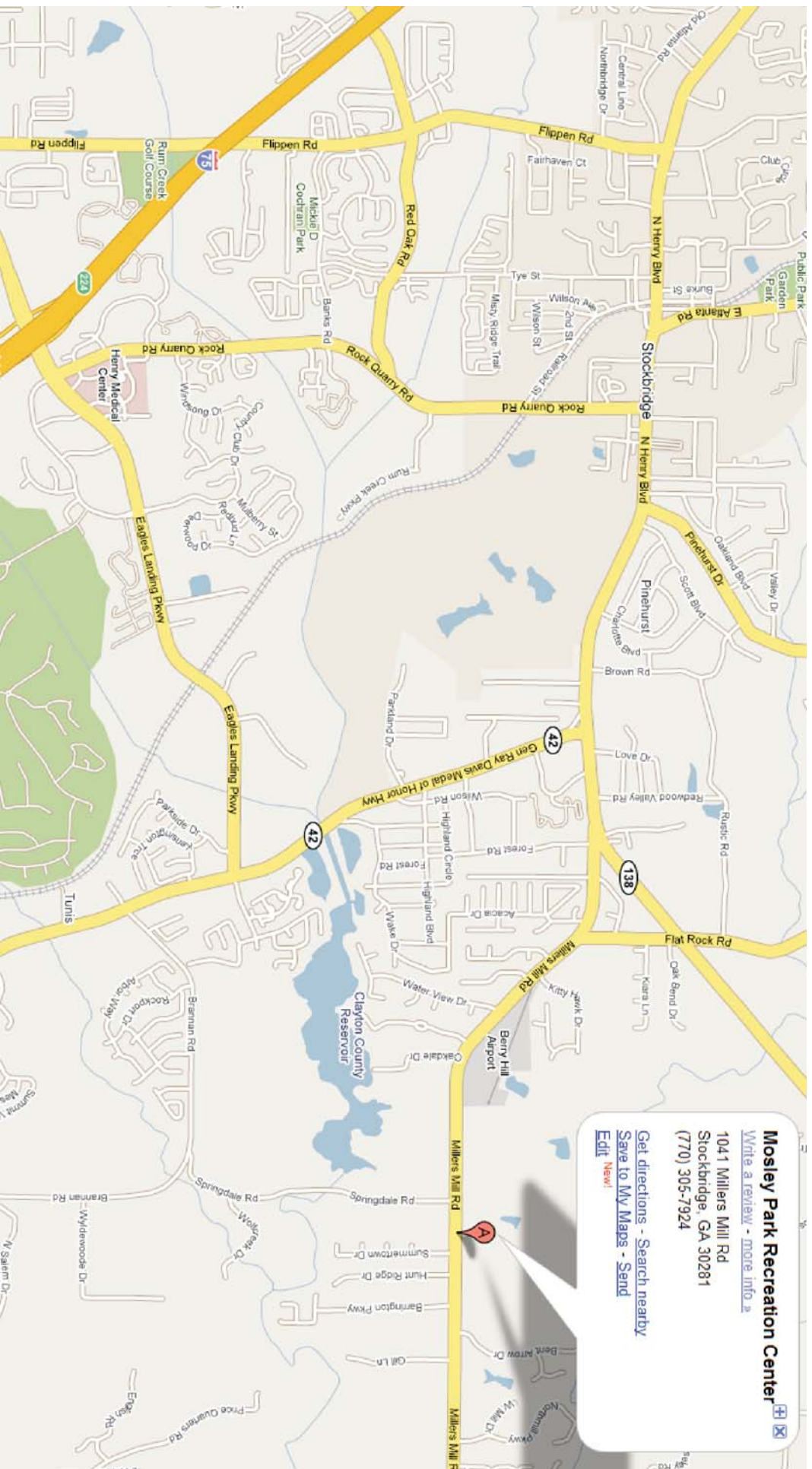
What do you get for your money: You get matted rings, electronic scoring, and 4 hours of sparring in a spacious gym with other athletes. You are encouraged to spar in as many matches as possible. **There is no limit to the number of matches that you spar.**

Equipment: Bring all of your sparring gear including mouthpiece and cup. No sparring gear will be furnished or sold.

Coaching: This training session is designed to allow coaches to become familiar with THEIR players in a tournament environment. Players are encouraged to seek advice from their coach. If your coach is not available please feel free to ask for a coach. Coaching attire not necessary.

Payment: Pre-Registration must be received by the deadline posted on the front page. Do not mail cash. **No personal checks.** Cashiers checks, money orders, and TKD school checks accepted.

Day of event: Cash or TKD school check accepted. **No personal checks.**



Directions to Moseley Park Recreation Center

LOCATED ON THE SOUTHSIDE OF ATLANTA

Take I-75 to Exit 224, Eagle's Landing Pkwy and turn East (left from north, right from south)
Travel to the end of Eagle's Landing Pkwy (the last mile+ is new and not shown on the map)
Turn left onto Springdale Rd and travel to the end.
You will be facing the ball fields of Moseley Park.
Turn right onto Miller's Mill Rd and immediately left into the Rec center parking lot

If you need a hotel, the better areas are GA Hwy 20 & I-75 (better food) or Eagle's Landing & I-75

Georgia Sports Foundation, Inc

Saturday, June 7, 2008

Participant Entry Form

Entry Fee: At the door \$50
Pre-Registration \$40

Payment: Cashiers Check, TKD school checks, or Money Orders ONLY payable to: **Georgia Sports Foundation, Inc.**
PERSONAL CHECKS WILL NOT BE ACCEPTED. Mailed entries must be postmarked by May 31, 2008.

Mail to: Georgia Sports Foundation, Inc (only mail if your instructor is not able to attend)
PO BOX 2043
Kennesaw, GA 30156-9100

Athlete Name: _____ Phone (____) _____

Address _____ Email address _____

City _____ State _____ Zip _____

Martial Arts School _____ Phone _____

Address _____ Email address _____

City _____ State _____ Zip _____

Coach / Instructor / Master _____

Athlete's Rank (check one):

Novice: White Yellow Orange
Intermediate: Green Purple Blue
Advanced: Brown Red
Black: 1st 2nd 3rd and up

Athlete's DOB _____ Age _____ Weight _____ Gender _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participation in the Georgia Games Championships ("Championships")/District Sports Festivals, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Championships;
- (b) Participating or assisting other in participating in the Championships may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- (a) The State of Georgia or any of its agencies, District Sports Festivals, the Georgia State Games Commission, the Georgia Sports Foundations, its Commissioners, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
- (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- (c) The National Congress of State Games (NCSG), the Southeast Sports Festival, the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
- (d) Owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Championships.

(3) I AGREE THAT:

- (a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and If I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Championships of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
- (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), television, radio or film coverage of the Championships, WITHOUT COMPENSATION.

(4) I CONSENT TO:

- (a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Championships. I HAVE READ THIS FORM IN ITS ENTIRITY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Athlete (print)

Signature of Athlete (if at least 18 years of age)

Date

Name of Parent/Legal Guardian if Athlete is a minor (print)

Signature of Parent/Guardian, Individually and in the capacity as Parent/Legal Guardian if Athlete is under 18 years of age.

Date