

2017 OPEN TAEKWONDO TOURNAMENT

DEAR INSTRUCTORS/PARENTS/STUDENTS:

On behalf of the Diekema Martial arts club in Saskatoon we would like to invite you to our open championship in Osler on February 25th 2017

The tournament will be held at Valley Christian Academy (Southwest of Osler).

****take the south entrance into Osler on Township Road 393 and continue going west until you reach the VCA school.****

Registration and warm up will begin at 9:00am with a black belt meeting at 9:30am. The tournament begins at 10:00am with opening ceremonies and announcements. Please note that we will be doing all patterns in the morning, with sparring, team sparring and board breaking in the afternoon. The Brazilian jiu-jitsu part will run thru out the day.

Hamburgers and snacks will be for sale through out the day.

All red and black belts must be available to judge for the day.

The registration fee for the day is 45\$. Add \$5.00 for board breaking. Bjj is \$30.00 by itself.

Please make all cheques payable to Diekema taekwondo (DTK).

Any questions, please contact Clint Diekema (306)241-4148 , email empirez9@yahoo.com

Thanks, and hope to see everyone there.

2017 OPEN MARTIAL ARTS TOURNAMENT

REGISTRATION APPLICATION FORM

NAME: _____

SCHOOL: _____

ADDRESS: _____

Instructor: _____

AGE: _____ BELT COLOR: _____

SEX F M

TELEPHONE: _____

EMAIL: _____

Agreement:, I _____ hear by submit my application in
the 2016 Open DTK Championship.

EVENTS:

Individual Sparring: _____

Individual Patterns: _____

Breaking: _____ (Adults or Black Belts Only)

Team Sparring: _____

Brazilian Jiu-Jitsu: _____

AGREEMENT: LIABILITY WAIVER: PLEASE READ AND SIGN. ALL MINORS MUST HAVE A GUARDIAN SIGN FOR THEM. THE PARTICIPANT AGREES TO COMPLY WITH THE RULES AND REGULATIONS OF THE TOURNAMENT AND ACKNOWLEDGES THAT PARTICIPATION IN THE TOURNAMENT IS PHYSICAL AND IN SOME CASES MAY RESULT IN INJURY TO THE PARTICIPANT HEREBY WAIVES ANY CLAIM FOR DAMAGES OR INJURY AGAINST THE TOURNAMENT, GTMA, DIEKEMA TKD OR ANY OF THEIR AGENTS, EMPLOYEES, OR AND INDIVIDUAL CONNECTED WITH THE ORGANIZATION. THE PARTICIPANT ACKNOWLEDGES THAT HE/SHE IS FULLY AWARE OF HIS/HER PERSONAL MEDICAL CONDITION AND HEREBY CERTIFIES THAT HE/SHE IS MENTALLY, EMOTIONALLY, AND PHYSICALLY FIT TO PARTICIPATE IN THE TOURNAMENT. LASTLY, THE PARTICIPANT HEREBY WAIVES ANY COMPENSATION WHAT SO EVER FOR USE OF PICTURES, VIDEOTAPES, MEDIA COVERAGE, STATEMENTS, INTERVEIWS, ETC, UTILIZEDBY THOSE PRODUCING OR DIRECTING THE TOURNAMENT AT ANY TIME. DTK HAS THE RIGHT TO REFUSE ANYONE FROM ENTERING AND OR PARTICIPATING IN THE TOURNAMENT AT THEIR DISCRETION.

APPLICANTS SIGNATURE: _____

PARENTS SIGNATURE: _____

CHEQUES PAYABLE TO DIEKEMA TAEKWONDO.