



2010 Junior World Championships Team Trails – Fight-Off Individual registration Packet

- 1. DATE:** January 9-10, 2010
- 2. VENUE:** U.S. Olympic Training Center
1 Olympic Plaza
Colorado Springs, CO 80909
- WEB SITE:** www.teamusa.org
- DIRECTONS:** [Get directions](#)

3. QUALIFICATIONS: The Junior World Championships Team Trials – Fight-Off is only open to the 4 semifinalist athletes, per gender in the ten (10) weight divisions from the 2010 Junior World Championships Open Team Trial that occurred on December 12-13, 2009 at the U.S. Olympic Training Center. Eligible athletes can only enter the weight division they qualified for at the December trials. Athletes have until the late registration deadline (January 2, 2010) to register. The athlete declaration shall be received via the online HangAStar system by 11:59 pm Mountain Standard Time. Late submissions will not be accepted. Furthermore, ALL ATHLETES will be required to check into the Junior World Championships Team Trial with a valid U.S. Passport. The official passport must be valid through May 1, 2010 and have at least two blank pages. Athletes unable to provide an original passport will be ineligible to compete.

4. COMPETITION RULES: Current WTF Competition Rules go to for sparring
http://www.wtf.org/wtf_eng/site/rules/competition.html

5. METHOD OF COMPETITION:

ROUND ROBIN: The round robin tournament format consists of all individuals fighting each entry in their weight division an equal number of times. The round robin schedule has fixed schedules; all athletes know exactly who they play and what time they play them, which offers some advantage to athletes in preparing for the tournament and upcoming games. Seeding does not affect the outcome because the cumulative results of all games played determine final standings.

The top two finishers of the Junior World Championships Team Trial will advance to the Junior World Championships Team Fight-Off that will occur immediately following the conclusion of the round robin matches. The group winner only needs to beat the second place group athlete once to advance, while the second place group athlete will need to beat the group winner twice to advance. The winner in each weight division of the Junior Team Fight-off earns a spot on the 2010 Junior World Championships Team.

DRAWING OF LOTS: The Drawing of Lots will take place at registration as each athlete checks-in for the event. Each weight division will have a separate bag with a ping pong ball with the number of seeds competing within the weight division. Each athlete will pick one ping pong ball from the bag which will be their corresponding seed. The seed of the athlete will be represented on the schedule which will be dispersed to the athletes at registration. The drawing of lots will be completed for each weight division. If a pre-registered athlete does not show for weigh-in or does not make weight, his or her matches corresponding with his or her seed will remain in the schedule and no result will be determined for those matches.

ROUND 1:	1 v 4	2 v 3
ROUND 2:	1 v 3	4 v 2
ROUND 3:	1 v 2	3 v 4

TIE BREAKING PROCEDURES: The following tie-breaking procedure will be administered to determine the top round robin finishers should this scenario arise.

1. 2-way tie in round robin competition:
 - a. This tie will be broken based upon head-to-head competition. If only two athletes have identical records, then the winner of the previous head-to-head competition from the round robin shall be designated the number one





seed. The number one seed must beat the number two seed only one time to be declared the winner while the number two seed will be required to beat the number one seed two (2) times to be declared the winner.

2. 3-way tie in round robin competition:
 - a. Each athlete will participate in the drawing of lots to determine the fight match-ups which will be as follows:
 - i. Match #1 – Draw B v. Draw C
 - ii. Draw A receives a bye
 - iii. Match #2 – Winner of Match #1 v. Draw A
 - b. Determining Results
 - i. The winner of match #2 is declared the winner
 - ii. The loser of Match #2 is declared the 2nd place finisher
 - iii. The loser of Match #1 is declared the 3rd place finisher.

6. WEIGHT DIVISIONS:

*****All competitors must compete in the same weight class in which they qualified*****

Men's division		Women's division	
Under 45kg (Fin)	Not exceeding 45kg	Under 42kg (Fin)	Not exceeding 42 kg
Under 48kg (Fly)	Over 45 kg & Not exceeding 48 kg	Under 44kg (Fly)	Over 42 kg & Not exceeding 44 kg
Under 51kg (Bantam)	Over 48 kg & Not exceeding 51 kg	Under 46kg (Bantam)	Over 44 kg & Not exceeding 46 kg
Under 55kg (Feather)	Over 51 kg & Not exceeding 55 kg	Under 49kg (Feather)	Over 46 kg & Not exceeding 49 kg
Under 59kg (Light)	Over 55 kg & Not exceeding 59 kg	Under 52kg (Light)	Over 49 kg & Not exceeding 52 kg
Under 63kg (Welter)	Over 59 kg & Not exceeding 63 kg	Under 55kg (Welter)	Over 52 kg & Not exceeding 55 kg
Under 68kg (Light Middle)	Over 63 kg & Not exceeding 68 kg	Under 59kg (Light Middle)	Over 55 kg & Not exceeding 59 kg
Under 73kg (Middle)	Over 68 kg & Not exceeding 73 kg	Under 63kg (Middle)	Over 59 kg & Not exceeding 63 kg
Under 78kg (Light Heavy)	Over 73 kg & Not exceeding 78 kg	Under 68kg (Light Heavy)	Over 63 kg & Not exceeding 68 kg
Over 78kg (Heavy)	Over 78 kg	Over 68kg (Heavy)	Over 68 kg

7. REGISTRATION DATES:

Online registration can be made at <https://www.usat.hangastar.com/secure.aspx>
Registration will begin Monday December 14, 2009 at 12:00pm MST.
Early registration expires December 26, 2009 at 11:59pm MST.
Late registration expires January 2, 2010 at 11:59pm MST.

7. OTC PAPERWORK

Since this is the first USA Taekwondo event on complex in 2010 all participants (athletes and coaches) must fill out the OTC paperwork for this calendar year. Failure to include this with your registration materials will result in a pending status and therefore you will have to fill it out at registration. The required Olympic Training Center paperwork is included at the end of this handbook or you can [click here](#). Coaches do not need to fill out the medical history.

8. REGISTRATION PRICES:

*****Please note that all registration fees are non-refundable. Also, if the payment is not made in full by the early registration deadline the \$50 late fee will be applied*****





COMPETITORS	EARLY ONLINE REGISTRATION RECEIVED BY DECEMBER 26, 2009	EARLY PAPER REGISTRATION RECEIVED BY DECEMBER 26, 2009	LATE ONLINE REGISTRATION RECEIVED BY JANUARY 2, 2010	LATE PAPER REGISTRATION RECEIVED BY JANUARY 2, 2010	RECEIVED AFTER JANUARY 25, 2010 OR ON-SITE
	\$80.00	\$105.00	\$130.00	\$155.00	N/A

COACHES	EARLY ONLINE REGISTRATION RECEIVED BY DECEMBER 26, 2009	EARLY PAPER REGISTRATION RECEIVED BY DECEMBER 26, 2009	LATE ONLINE REGISTRATION RECEIVED BY JANUARY 2, 2010	LATE PAPER REGISTRATION RECEIVED BY JANUARY 2, 2010	RECEIVED AFTER JANUARY 25, 2010 OR ON-SITE
	\$60.00	\$85.00	\$110.00	\$135.00	N/A

9. WEIGH-IN:

Weigh-in of the contestants shall be completed one day before their scheduled competition day. During the weigh-in, male contestants shall wear underpants and female contestants shall wear underpants and brassieres.

10. CONDITIONS OF PARTICIPATION:

Round trip airfare, room and board accommodation, transportation and entry fees charges shall be borne by the participant.

11. LODGING

CHEYENNE MOUNTAIN RESORT USA Taekwondo has arranged for a group rate of \$85/night at the Cheyenne Mountain Resort. For an additional \$28/night guests can upgrade to European Package, which includes breakfast. The resort also offers complementary airport transportation. When making your reservation, inform the guest service representative of your flight information. Also, for an additional \$5/person, guests can take shuttles to the Olympic Training Center. The \$5 charge is round trip and is good for multiple days. Shuttles have set times, so please be sure to arrange your OTC transportation with the resort for each day you need to come to the OTC.

[Click here to make you reservation at the Cheyenne Mountain Resort](#)

OLYMPIC TRAINING CENTER

Housing at the OTC is at double or triple occupancy and includes all meals at the Dining Hall for \$50/Night per person; **OTC housing is only available for athletes & coaches and all guests must be at least 12 years of age.** Housing will be available starting on January 5 through January 11; on a first come first served basis on received payment. You must let Jim Lenz (james.lenz@usa-taekwondo.us) know by 5:00pm (Mountain Standard Time) on **December 30, 2009** if you are interested in using the housing at the OTC, **NO EXCEPTIONS.**

Transportation will be provided from the Colorado Springs Airport to the Olympic Training Center for athletes and coaches staying at the training center. All flight itineraries are needed in the USAT office by **December 30, 2009** in order to schedule this transportation. Transportation will **NOT** be provided for athletes & coaches staying off of the OTC campus.

Please note that all room keys and meal cards must be returned to the Athlete Center upon departure of the OTC. Athletes and/or coaches who do not return their keys or meal card will be billed accordingly and not allowed to participate in other USAT events until they have paid this bill.

[Click here to view the OTC housing packet](#)

12. CAR RENTAL

USA Taekwondo has partnered also with Alamo to provide a discounted rate on rental cars. When renting a car at USAT Events, be sure to use Alamo and the RATE CODE "BY" and Association ID "706768".



13. AIRLINE TRAVEL

USAT has partnered with United Airlines to provide a discounted rate on airfare. When you are arranging airfare for USAT events be, sure to use the code "513PH."



2010 Junior World Championships Team Trail – Fight-off
U.S. Olympic Training Center
Colorado Springs, CO USA





14. SCHEDULE OF EVENTS (subject to change)

<u>TUESDAY JANUARY 5, 2010</u>		
Practice secessions available	8 am – 8 pm	Sports Center 1 – Gym 5

<u>WEDNESDAY, JANUARY 6, 2010</u>		
Practice secessions available	8 am – 8 pm	Sports Center 1 – Gym 5

<u>THURSDAY, JANURAY 7, 2010</u>		
Practice secessions available	8 am – 8 pm	Sports Center 1 – Gym 5

<u>FRIDAY, JANUARY 8, 2010</u>		
Practice secessions available	8 am – 8 pm	Sports Center 1 – Gym 5
Check-In & Weigh-In for SATURDAY’S competitors.	2 pm – 6 pm	West Wing Conference Center
Technical Meeting	7pm	Sports Center 1 – Gym 1
<i>All Male Fin, Fly, Bantam, Feather, Light, Middle and Heavy and Female Fly, Welter, Light Middle, Middle, Light Heavy and Heavy competitors must be weighed-in by 6 pm on Friday, January 8, 2010.</i>		

<u>SATURDAY, JANUARY 9, 2010: MALE FIN, FLY, BANTAM, FEATHER, LIGHT, MIDDLE AND HEAVY & FEMALE FLY, WELTER, LIGHT MIDDLE, MIDDLE, MIDDLE, LIGHT HEAVY AND HEAVY COMPETITION</u>		
Doors open	7:30 AM	Sports Center 1 – Gyms 1 & 2
Competition begins.	9:00 AM	Sports Center 1 – Gyms 1 & 2
Lunch Break	12 pm – 12:45 pm	
Competition Resumes	12:45 PM	Sports Center 1 – Gyms 1 & 2
Check-In & Weigh-In for SUNDAY’S competitors.	1 pm – 4 pm	West Wing Conference Center
Dinner Break	5:15pm	
Competition Resumes	6:00pm	Sports Center 1 – Gyms 1 & 2
<i>All Male Welter, Light Middle and Light Heavy & Female Fin, Bantam, Feather and Light competitors must be weighed-in by 6 pm on Saturday, January 9, 2010</i>		

<u>SUNDAY, JANUARY 10, 2010: MALE WELTER, LIGHT MIDDLE, AND LIGHT HEAVY & FEMALE FIN, BANTAM, FEATHER AND LIGHT COMPETITION</u>		
Doors open	7:30 AM	Sports Center 1 – Gyms 1 & 2
Competition begins.	9:00 AM	Sports Center 1 – Gyms 1 & 2
Lunch Break	12:00 pm – 12:45 pm	
Competition Resumes	12:45 PM	Sports Center 1 – Gyms 1 & 2





INDIVIDUAL COMPETITOR ENTRY FORM

FOR ALL INDIVIDUAL EVENTS

(\$25 Processing Fee assessed to all paper applications)

SAVE MONEY AND REGISTER ONLINE AT <https://www.usat.hangastar.com/secure/asp>.)

All entry forms must be filled out completely and all necessary documentation completed in order for your application to be accepted. All entry forms must be **RECEIVED** by the USAT National Events Office by the early registration date of **DECEMBER 26, 2009** in order to receive the discounted rate or **RECEIVED** by the late registration date of **JANUARY 2, 2010** for an additional fee. Registration will NOT be accepted at the door. *Applications will NOT be accepted by fax.* All registration fees are non-refundable; this includes training injuries or any other withdrawals once your application is received by the USA Taekwondo National Events office, NO EXCEPTIONS.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

- Complete Entry Form (2-pages)
- Proof of USAT 2010 athlete membership card or confirmation (USA athletes only)
- Proof of age (Copy of birth certificate or passport)
- Copy of Kukkiwon black belt certification (USA athletes may submit any Black Belt certification.)
- Signed USAT Consent for Medical Treatment
- Signed USAT Code of Conduct
- Include all fees by Cashier's Check, Money Order, Visa, MasterCard, Discover or American Express. Please make Cashier's Checks and Money Orders payable to USA Taekwondo. Personal and Business checks will NOT be accepted.

For USAT Office Use ONLY	
Competitor Entry Form (2pgs)	_____
Membership	_____
Residency/Citizenship	_____
Black Belt /Kukkiwon	_____
Waiver	_____
Code of Conduct	_____
Paid	_____

PRINT ALL INFORMATION: USAT MEMBERSHIP ID # _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____ DOB (mm/dd/yy) _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PHONE NUMBER: (COUNTRY CODE): _____ (CITY CODE OR AREA CODE) _____ NUMBER: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

SCHOOL/CLUB NAME: _____ INSTRUCTOR: _____

SCHOOL ADDRESS: _____

Please note you must list your coach's information. Only the coaches you list will be granted a coach credential once the appropriate paperwork has been received.

COACH #1: _____

COACH #2: _____





INDIVIDUAL COMPETITOR ENTRY FORM (continued)

Please Check: MALE FEMALE Black Belt Rank: _____ Black Belt Certification #: _____

Sparring Division: Fin Fly Bantam Feather Light Welter Middle Heavy

****Early registration means RECEIVED by JANUARY 18, 2010, late registration means RECEIVED by JANUARY 25, 2010****
SAVE MONEY AND REGISTER ONLINE AT WWW.USA-TAEKWONDO.US TODAY

COMPETITORS	EARLY PAPER REGISTRATION <u>RECEIVED</u> BY JANUARY 18, 2010	PLEASE CHECK TOTAL NUMBER OF EVENTS YOU ARE APPLYING FOR.	LATE PAPER REGISTRATION <u>RECEIVED</u> BY JANUARY 25, 2010	PLEASE CHECK TOTAL NUMBER OF EVENTS YOU ARE APPLYING FOR.
Athlete	\$105.00		\$155.00	
Coach	\$85.00		\$135.00	

Total Amount Due: \$ _____.

Please Check Payment Type: Cashier's Check Money Order Visa MasterCard Am Ex/Discover

Credit Card #: _____ Expiration Date: _____ Security Code (Located on back of card) _____

Address of Cardholder _____

Print Name of Cardholder: _____

Signature: _____

For USA Taekwondo Office Use Only:

_____ Money Order _____ Cashier's Check #: _____ Amt Rcvd.: _____ Rcvd Date: _____ Rcvd By: _____





CODE OF CONDUCT/DISCIPLINARY ACTIONS

Any person registered for the event that is causing unfavorable situations either prior to, during, or after the 2010 Junior World Championships Team Trail/Fight-off is subject to disciplinary action as decided by the Competition Supervisory Board. In particular, the use of alcohol or drugs by athletes, coaches, officials, or staff during the course of the event will disqualify the guilty individual from further competition. There are no warnings for alcohol or drug consumption by underage participants.

The following outline is the Code of Conduct for USA Taekwondo (USAT). The Code is for all athletes, coaches, event specialists, and international referees and staff members to fully abide by when participating in any and all USAT sanctioned event. Failure to comply with the following guidelines can result in the removal from an event, dismissal from future USAT sanctioned events, and/or the complete suspension from participation as a competitor, coach or staff member in future USAT sanctioned events.

1. One will act in a manner consistent with the spirit of fair play and responsible conduct.
2. One will acknowledge, respect and adhere to the authority of USAT appointed event staff and tournament staff if necessary.
3. One will fully comply with USAT and the World Taekwondo Federation (WTF) uniform requirement.
4. One will maintain an appropriate level of fitness to promote optimal athletic performance.
5. One will refrain from the excessive use of performance-limiting drugs, including, but not limited to, tobacco and alcohol.
6. One will refrain from using any substance on the Olympic Movement Anti-Doping Code, as enforced by USADA.
7. One will abide by the policies and rules established by USAT, the USOC and the WTF.
8. One will abide by the rules of this particular competition as stated in this packet.
9. One will respect others, including coaches, competitors, officials, and spectators.
10. One will not engage in, nor tolerate, any form of verbal, physical or sexual abuse.
11. One will respect the property of others.
12. One will refrain from illegal or inappropriate behavior that would deter from a positive image of oneself and USAT.
13. One will maintain a positive attitude and act in a way that will bring honor to oneself, the staff, and the sport of Taekwondo, USAT and the United States of America.
14. One will remember that I am an ambassador of USAT, my country and the Olympic movement.

USAT recognizes that this Code does not establish a comprehensive set of rules that prescribes every aspect of appropriate behavior.

Participant's Printed Name

Participant's Signature

Date

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date





USA TAEKWONDO INDIVIDUAL CONSENT FOR MEDICAL TREATMENT

I, _____, consent to medical treatment for athletic related injuries/illnesses by USA TAEKWONDO Medical Personnel and /or Hospital Medical Staff at any USA Taekwondo Sanctioned Event. I authorize treatment by such personnel in the event of injury or illness. This care includes but is not limited to: preventative taping and padding; first aid treatment of injuries and illnesses; medication for illness or injury treatment, including over-the-counter medications such as ibuprofen or acetaminophen; emergency care of injuries, which may include use of a backboard and cervical collar; suturing, splinting or casting of wounds/injuries on site or in medical treatment facility; chiropractic adjustments and care; acupuncture treatments; use of AED, injected medications, oxygen or IV to stabilize an athlete's condition on site or in route to a medical treatment facility; and any other medical and/or life-sustaining treatment deemed necessary for athlete to continue competition or deemed by medical personnel to be in the best interest of the health and well-being of the athlete.

(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 as outlined above for _____ while he/she is participating in a USA TAEKWONDO event by a member of USA TAEKWONDO Medical Personnel and/or Hospital Medical Staff.

___ I Agree ___ I Agree, with the following exceptions to treatment: _____

----- I DO NOT AGREE _____
(Parent/Guardian Signature) (Date)

All medical evaluations completed by USA TAEKWONDO Medical Personnel for athletic injuries are considered confidential and will be filed under the direction of the USA TAEKWONDO Medical Coordinator. Copies of medical injury forms can be requested verbally from the USA TAEKWONDO 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. No information about an individual athlete will be released without that athlete's permission per Federal Guidelines except where it is necessary to file insurance claims directly associated with the injury or illness. 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 per USA Taekwondo and World Taekwondo Federation rules. This information will be released to the Medical Director, Medical Coordinator, Referee Chairperson, Tournament Committee Chairman, National Events Director, Executive Director and documented within the secured USA Taekwondo online registration program for purposes of enforcing the 30-day-out rule in compliance with USA TAEKWONDO and WTF rules.

I have read and understand the above information as it pertains to my medical records of injury or illness which may occur and be treated at USA Taekwondo Sanctioned events. I also understand that if these guidelines are not followed as stated above that USA Taekwondo could be found in violation of Federal Guidelines set forth by HIPAA.

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

I, _____, consent to having my image photographed while injured or ill by USA Taekwondo Staff Photographer or USA TAEKWONDO Medical staff for purposes of documentation of the injury and/or publicity for USA Taekwondo, USA Taekwondo Sports Medicine. This publicity may include but is not limited to advertisement in print or on the websites of said organizations. I know I have the right to decline the photographing of my image at the time of injury if verbally requested by myself, my parent or my coach per Federal Guidelines set forth by HIPAA. Furthermore I know I can request that such images be removed from publication or public view if I decide to decline their use at a later date for any reason simply by making that request in writing directly to the USA Taekwondo National Office. I understand that such pictures may be taken without any expectations of compensation for said photographic images.

___ I Agree ___ I Decline _____
(Athlete's signature) (date)

As a parent or legal guardian of _____, who is under the age of 18, I hereby authorize photographic images of _____ to be allowed if injured or ill unless otherwise verbally requested at time of injury/illness that no such photographs be taken at that time. Furthermore I know I can





request that such images be removed from publication or public view if I decide to decline their use at a later date simply by making that request in writing directly to the USA Taekwondo National Office.

____ I Agree ____ I Decline _____
(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 USA Taekwondo and for its states and district associations, this athletic meet, its organizing committee, the United States Olympic Committee, the 2010 Junior World Championships Team Trail/Fight-off, the World Taekwondo Federation, The United States Olympic Committee 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 USA 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 USA Taekwondo 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.
- If the minor child or I are selected, I agree to be drug tested pursuant to the United States Olympic Committee National Anti-Doping Program, as amended. I understand that such drug testing may take place at any time during the competition. If the minor child or I fail to show up at the athletic meet, for any reason, I knowingly forfeit this competition and all applicable registration fees. I further understand that any pictures taken of the minor child or me in connection with this athletic meet may be used by USA Taekwondo for publicity or promotion without compensation.
- 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





u n i t e d s t a t e s o l y m p i c c o m m i t t e e

Authorization For Release of Information Information About the Use or Disclosure

I hereby authorize the use or disclosure of my individually identifiable health information as described below.

I understand that this authorization is voluntary and that I may revoke it at any time by submitting my revocation in writing to the entity providing the information.

Participant's Name _____ Social Security/ID Number: XXX-XX-_____

Sport _____

Persons/organizations authorized to provide the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and:

Persons/organizations authorized to receive the information include the United States Olympic Committee's Sports Medicine Division (staff and other agents), my coach, and my National Governing Body, unless specified otherwise below, and: _____

Specific description of information to be used or disclosed (including date(s)): includes all medical information, including sport science testing and evaluations (physiological, biomechanical, and psychological) which may impact my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless specified to the contrary as follows:

Specific purpose of the disclosure (note that "as requested by me" is an acceptable purpose if you do not wish to state a specific purpose): To allow the evaluation of my ability and eligibility to participate in the activities of my National Governing Body and the United States Olympic Committee, unless otherwise specified as follows:

This authorization will remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) unless otherwise indicated as follows: (indicate date, or an event relating to you personally or to the purpose of the authorization).

Important Information About Your Rights

I have read and understood the following statements about my rights:

- I may revoke this authorization at any time prior to its expiration date by notifying the providing organization in writing, but the revocation will not have any effect on any actions the entity took before it received the revocation.
- I may see and copy the information described on this form if I ask for it.
- I am not required to sign this form to receive my health care benefits (enrollment, treatment, or payment).
- The information that is used or disclosed pursuant to this authorization may be redisclosed by the receiving entity and may no longer be protected by federal or state law. I have the right to seek assurances from the above-named persons/organizations authorized to receive the information that they will not redisclose the information to any other party without my further authorization.

I have read this Authorization for Release of Information, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ Date _____

FOR ATHLETES OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility and authority for this Athlete, do consent and agree not only to his/her authorization, but also for myself/ourselves, and my/our heirs, assigns and next of kin to authorize such release of information

Parent/Legal Guardian Signature _____ Date _____

Parent/Guardian Name (Please print) _____

2010 Junior World Championships Team Trail – Fight-off
U.S. Olympic Training Center
Colorado Springs, CO USA





**UNITED STATES OLYMPIC TRAINING CENTER
WAIVER AND RELEASE OF LIABILITY**

NOTE: THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT OLYMPIC TRAINING CENTERS AND the United States Olympic Education Center (USOEC) at Northern Michigan University. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS.

IN CONSIDERATION of my involvement in the sport and activities under the auspices of the **USA Taekwondo, Inc.** this sponsoring organization at this United States Olympic Training Center and the USOEC at Northern Michigan University, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE THE INTERNATIONAL OLYMPIC COMMITTEE, THE UNITED STATES OLYMPIC COMMITTEE, AND/OR MY NATIONAL GOVERNING BODY, NORTHERN MICHIGAN UNIVERSITY, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASEES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature _____

Participant's Name (Printed) _____ **Date** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Release from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Guardian Name (Please print) _____

2010 Junior World Championships Team Trail – Fight-off
U.S. Olympic Training Center
Colorado Springs, CO USA





PARTICIPANT CONSENT

TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.** I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Taekwondo, Inc.**

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency (“USADA”) Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC ant Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X

Participant Signature

Date Signed: _____





FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA Taekwondo, Inc.** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X _____

Date Signed: _____

Parent/Guardian Signature _____

Relationship: _____

Parent/Guardian Name (Please Print)

PARTICIPANT CONDUCT

I consent to abide by the below described rules of conduct for guests of this USOTC and the USOEC at Northern Michigan University and understand that violations may result in full or partial forfeitures of my guest privileges, or in other disciplinary proceedings:

1. The transportation, possession or unauthorized use of alcoholic beverages, illegal drugs, or IOC-banned substances on the premises is prohibited.
2. Use of an ID card by an unauthorized person(s) is prohibited.
3. Overnight visitors are prohibited in the dormitory. Please check with the appropriate OTC for visiting hours as hours vary among the sites.
4. Quiet hours commence at 10:00 pm daily.
5. Any physical damage to a facility or loss of items in a dormitory room (i.e. blankets, lamps, etc.) will be paid for by those individuals assigned to the room in which the damage or loss occurs.
6. Firearms, ammunition, and all other sports equipment are prohibited in all areas of the dormitories.
7. Unauthorized room changes are prohibited.
8. Pets are prohibited in the dormitories.
9. Unacceptable behavior will not be tolerated, including but not limited to, the following:
 - a. Any act considered to be offensive under federal, state, or local laws, or a violation of USOC and the USOEC at Northern Michigan University policies and procedures.
 - b. Gross misconduct (i.e. inappropriate horseplay, theft, fighting, etc.).
 - c. Willful destruction of property (i.e. including that caused by inappropriate horseplay, fighting, etc.).
10. The willful disabling of any smoke detector or tampering or interfering in any way with any fire alarm system to include causing a false fire alarm (by pulling the fire alarm handle) will result in disciplinary action against the perpetrator(s) which may include immediate dismissal from the Olympic Training Center and the USOEC at Northern Michigan.

X _____

Date Signed: _____

Participant Signature

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of the **USA Taekwondo, Inc.** at this USOTC and USOEC at Northern Michigan University.

X _____

Date Signed: _____

Parent/Guardian Signature

Relationship: _____

Parent/Guardian Name (Please Print)





OLYMPIC TRAINING CENTER ATHLETE MEDICAL HISTORY QUESTIONNAIRE

NAME: _____	SPORT: _____
DATE OF BIRTH: _____	SEX: FEMALE _____ MALE _____
ADDRESS: _____ _____	
CITY: _____	STATE: _____ ZIP: _____
EMERGENCY CONTACT: _____	
PHONE: (____) _____	

Please circle "Yes" or "No" and provide additional details where requested on this form.

All information will be confidential.

- | | | | |
|-----|--|-----|----|
| 1. | Have you had a medical illness or injury since your last check up or sports physical? | Yes | No |
| 2. | Do you have an ongoing or chronic illness? | Yes | No |
| 3. | Are you allergic to any medication (aspirin, penicillin, sulfa, etc.)?
(List _____) | Yes | No |
| 4. | Do you have any food allergies?
(List _____) | Yes | No |
| 5. | Do you have any seasonal allergies that require medical treatment?
(List _____) | Yes | No |
| 6. | Are you allergic to insect bites or stings?
(List _____) | Yes | No |
| 7. | Do you take any over the counter medication(s)?
(List _____) | Yes | No |
| 8. | Do you take any prescribed medication on a permanent or semi-permanent basis
(steroids, birth control pills, anti-inflammatories, antibiotics, etc.)?
(List _____) | Yes | No |
| 9. | Do you use an inhaler?
(List _____) | Yes | No |
| 10. | Do you take any over the counter dietary supplements (herbs, vitamins, minerals, protein)?
(List _____) | Yes | No |





- | | | |
|---|-----|----|
| 11. Have you ever taken any dietary supplements or vitamins to help you gain or lose weight or improve your performance?
(List _____) | Yes | No |
| 12. Do you ever have chest tightness? | Yes | No |
| 13. Do you ever have wheezing? | Yes | No |
| 14. Do you ever have itchy eyes? | Yes | No |
| 15. Do you ever have itching of the nose or throat or sneezing spells? | Yes | No |
| 16. Does running ever cause chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 17. Have you ever had chest tightness, cough, wheezing, asthma or other chest (lung) problems which made it difficult for you to perform in sports? | Yes | No |
| 18. Have you ever missed school, work or practice because of chest tightness or cough or wheezing or prolonged shortness of breath? | Yes | No |
| 19. If you have been told you have asthma, what medication(s) have you taken to treat it?
(List _____) | | |
| 20. Have you ever had a rash or hives develop during or after exercise? | Yes | No |
| 21. Have you ever had a seizure?
(List Medication(s) _____) | Yes | No |
| 22. Have you ever been told that you have epilepsy?
(List medication(s) _____) | Yes | No |
| 23. Do you have or have you ever been treated for diabetes?
(List medication(s) _____) | Yes | No |
| 24. Have you ever been told that you were anemic?
(When _____) | Yes | No |
| 25. Have you ever been told that you have sickle cell anemia? | Yes | No |
| 26. Have you ever been told by a physician you have the sickle cell trait? | Yes | No |
| 27. Have you ever become ill from exercising in the heat? | Yes | No |
| 28. Have you ever passed out in the heat? | Yes | No |
| 29. Have you ever had heat or muscle cramps? | Yes | No |
| 30. Have you ever been told to give up sports because of health problem? | Yes | No |
| 31. Has anyone in your family under age 50 died suddenly?
Explain _____ | Yes | No |





32. Do you have or have you ever had high blood pressure? Yes No
(List medication(s) _____)
33. Do you have or have you ever had high cholesterol? Yes No
34. Do you have trouble breathing or do you cough during or after activity? Yes No
35. Have you ever been dizzy during or after exercise? Yes No
36. Have you ever fainted or passed out when exercising? Yes No
37. Have you ever had chest pain during or after exercise? Yes No
38. Do you have or have you ever had racing of your heart or skipped heartbeats? Yes No
39. Do you get tired more quickly than your friends do during exercise? Yes No
40. Do you have or have you ever been told you have a heart murmur? Yes No
(Give date(s) _____)
41. Do you have a heart arrhythmia? Yes No
(List medication and dosage _____)
42. Do you have a family history of heart disease? Yes No
Describe _____
43. Do you have any other history of heart disease? (angina, arrhythmia, valve disease) Yes No
Describe _____
44. Have you had a severe viral infection (for example myocarditis or mononucleosis) Yes No
within the last month?
45. Do you have or have you ever had rheumatic fever? Yes No
(Give date(s) _____)
46. Do you have or have you ever had lung disease (pneumonia)? Yes No
(Give date _____)
47. Do you have or have you ever had kidney disease (infections)? Yes No
(Give date(s) _____)
48. Do you have or have you ever had liver disease (mononucleosis, hepatitis)? Yes No
(Give date(s) _____)
49. Do you or have you ever had a hernia or “rupture”? Yes No
Has it been repaired? Yes No
50. Do you have any current skin problems (for example, itching, rashes, acne, warts, Yes No
fungus, or blisters)?





51. Have you been “knocked out,” become unconscious, or lost your memory? Yes No
(Give date(s)_____)
52. Have you had a concussion or other head injury? Yes No
(Give date(s)_____)
53. Have you ever had your head or neck x-rayed? Yes No
54. Have you stayed overnight in a hospital due to head injury? Yes No
(Give date(s)_____)
55. Do you have frequent or severe headaches? Yes No
56. Have you ever had a neck injury involving bones, nerves or discs that disabled you for a week or longer? Yes No
(Type of injury_____ Dates_____)
57. Have you ever had numbness or tingling in your arms, hands, legs, or feet? Yes No
58. Have you ever had a stinger, burner, or pinched nerve? Yes No
59. Have you ever injured your back? Yes No
(Type of injury_____ Dates_____)
60. Do you have back pain? Yes No
(Circle those which apply: seldom / occasionally / frequently / with vigorous exercise / with heavy lifting)
61. Do you want to weigh more or less than you do now? Yes No
62. Do you lose weight regularly to meet weight requirements for your sport? Yes No
63. Do you feel stressed out? Yes No
64. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? If yes, circle which apply and explain. Yes No
(head / neck / back / chest / shoulder / upper arm / elbow / forearm / wrist / hand / finger / hip / thigh / knee / shin/calf / ankle / foot)

65. Have you had a broken bone or fracture? R or L Yes No
(What bone(s)_____ Dates_____)
66. Have you had a shoulder injury that disabled you for a week or longer (dislocation, separation, etc.)? Yes No
(Type of injury_____ Dates_____)
67. Have you ever had a shoulder surgery? R or L Yes No
(What was done & why_____ Dates_____)
68. Does your shoulder routinely/occasionally dislocate (come out of place)/sublux?
69. Have you injured your knee? R or L Yes No





70. Have you been told by a doctor or athletic trainer that you injured the cartilage in your knee? R or L Yes No
(Give date(s) _____)
71. Have you been told by a doctor or athletic trainer that you injured the ligaments in your knee? R or L Yes No
(Give date(s) _____)
72. Have you ever had knee surgery? R or L Yes No
(What was done _____ Dates _____)
73. Have you had a severe ankle sprain? R or L Yes No
74. Do you have a pin, screw or plate in your body? Yes No
(Where in your body _____ Dates _____)
75. Have you had any surgery? Yes No
(Specify and give details: _____)
76. Do you use any special protective or corrective equipment or devices that are not usually used for your sport (for example, knee brace, special neck roll, foot orthotics, hearing aid)? Yes No
77. Have you had any problems with your eyes or vision? Yes No
78. Do you wear glasses, contacts or protective eyewear during competition? Yes No
79. Do you have a hearing loss? R= _____ L= _____ Yes No
% of hearing loss? R= _____ L= _____
Do you use an appliance? _____ Type? _____
80. Do you wear any of the following dental appliances? Yes No
(Circle those which apply: permanent bridge / removable retainer / removable partial plate permanent crown or jacket / braces / permanent retainer / full plate)
81. Are you missing one of a set of paired organs (kidney, eyes, etc.)? Yes No
(List _____)
82. Do you now or have you ever had herpes? Yes No

FEMALES ONLY

- | | | |
|---|-------|-------|
| 83. When was your first menstrual period? | _____ | _____ |
| 84. When was your most recent menstrual period? | _____ | _____ |
| 85. How much time do you usually have from the start of one period to the start of another? | _____ | _____ |
| 86. How many periods have you had in the last year? | _____ | _____ |
| 87. What was the longest time between periods in the last year? | _____ | _____ |
| 88. Are you pregnant, or do you suspect that you may be pregnant? | Yes | No |





(If the answer is “Yes,” this does not necessarily preclude your participation from your sport, however you must present a clearance form you physician stating that your sport participation will not be detrimental to the pregnancy.)

89. Do you have any other conditions that we should be aware of (i.e. ulcers, tendonitis, etc.)? Yes No
(Specify and give details: _____)

90. Please give the date of your last immunizations:
Tetanus _____ Polio _____ Hepatitis B _____

91. Please give the date of your last measles, mumps, rubella and chicken pox shots:
Measles _____ Mumps _____ Rubella _____ Chicken Pox _____

92. Which of the following dietary supplements have you taken **during the past year**?
_____ Multi-vitamin/minerals _____ Protein drinks or bars
_____ Individual vitamin (e.g. vitamin C, etc.) _____ Energy drinks or bars
_____ Individual mineral (e.g. iron, calcium, etc.) _____ Creatine
_____ Protein powders or pills _____ Amino acid pills or powders
_____ Herbals (e.g. Ginseng, Echinacea, etc.) _____ Others – please list

93. If you took any dietary supplements during the past year, how frequently did you take them?
_____ Daily _____ Occasionally
_____ Once a week _____ Several times a week
_____ Only at specific times (travel, training, etc.)

94. Check the reasons for using dietary supplements **during the past year**:
_____ To make up for an inadequate diet _____ To lose weight
_____ To treat a medical condition or injury _____ To have more energy
_____ To increase muscle mass/gain weight _____ To enhance my performance
_____ To prevent illness and disease _____ No specific reason

I hereby state that the questions on this form have been answered completely and truthfully to the best of my knowledge.

Signature of Participant **Date**

Noteworthy medical conditions/issues as per USOC Medical Staff review:

Medical Staff signature **Date**

