

## USATKD Event Sanctioning Application

Submit application to [eric.wininger@usa-taekwondo.us](mailto:eric.wininger@usa-taekwondo.us)

Name of Event: \_\_\_\_\_

Name of Club: \_\_\_\_\_ Club Number: \_\_\_\_\_

Event Host Name: \_\_\_\_\_ USATKD Member ID: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Event Website: \_\_\_\_\_

Event Type Applying for: US 2.0 - \$250 \_\_\_\_\_ US 4.0 - \$350 \_\_\_\_\_ US 10.0 - \$750 \_\_\_\_\_

Event Ranking	Type of Event	Sanction Fee	Event Information
2.0	Area events	\$250	Area clubs
4.0	Local events	\$350	USATKD: Minimum 2 states & 5 clubs
10.0	Regional/International events	\$750	4 states, 10 clubs, & 5 countries (other than USA)

### Event Contact Information

Event Director Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(person planning/running tournament)

Email: \_\_\_\_\_ USATKD Member ID: \_\_\_\_\_

Number of times he/she has managed event: \_\_\_\_\_

Event Assistant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ USATKD Member ID: \_\_\_\_\_

Referee In Charge: \_\_\_\_\_ USATKD Member ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Venue

Venue Name: \_\_\_\_\_

Venue Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Event Details

Divisions Offered:

Sparring\_\_\_\_\_ Board Breaking\_\_\_\_\_ Weapons\_\_\_\_\_ Demo Team\_\_\_\_\_  
 Individual Poomsae\_\_\_\_\_ Pairs Poomsae\_\_\_\_\_ Team Poomsae\_\_\_\_\_  
 Individual Freestyle Poomsae\_\_\_\_\_ Pairs Freestyle Poomsae\_\_\_\_\_ Team Freestyle Poomsae\_\_\_\_\_

Ages:

6-7 Dragon\_\_\_\_\_ 8-9 Tiger\_\_\_\_\_ 10-11 Youth\_\_\_\_\_ 12-14 Cadet\_\_\_\_\_ 15-17 Junior\_\_\_\_\_  
 17-32 Senior\_\_\_\_\_ 33+ Ultra\_\_\_\_\_

Belt Colors:

Yellow\_\_\_\_\_ Green\_\_\_\_\_ Blue\_\_\_\_\_ Red\_\_\_\_\_ Black\_\_\_\_\_

Senior Weight Division used: World \_\_\_\_\_ Olympic \_\_\_\_\_

Other Divisions Offered:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total number of rings to be set-up: \_\_\_\_\_

Estimated daily starting and finishing time: Start \_\_\_\_\_ Finish \_\_\_\_\_

What Electronic Scoring System will be used for Sparring (required for all sanctioned events)?

\_\_\_\_\_

Will you be using an Electronic Scoring System for Poomsae? Y/N

What system? \_\_\_\_\_

Will you be using Instant Video Replay? Y/N What system? \_\_\_\_\_

What trunk and/or head PSS will be used? \_\_\_\_\_

### Registration

Athlete Registration		Price Each Additional Event	Coach Registration	
Early Registration Fee	\$	\$	Early Registration Fee	\$
Early Registration Deadline			Early Registration Deadline	
Final Registration Fee	\$	\$	Final Registration Fee	\$
Final Registration Deadline			Final Registration Deadline	

***If you only have one deadline and one fee, please do not fill out the early registration information. On-site registration is NOT permitted at any USATKD sanctioned event.***

The USATKD online registration system will be required to be used for all sanctioned events due to SafeSport and background check requirements. There is a \$10 fee/registrant.

### Accommodations

Event Hotel Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Booking Website: \_\_\_\_\_

Estimated Daily Rate: \_\_\_\_\_ Distance from Venue: \_\_\_\_\_

Event Hotel Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Booking Website: \_\_\_\_\_

Estimated Daily Rate: \_\_\_\_\_ Distance from Venue: \_\_\_\_\_

Event Hotel Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Booking Website: \_\_\_\_\_

Estimated Daily Rate: \_\_\_\_\_ Distance from Venue: \_\_\_\_\_

Local Transportation Options: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Discounts: \_\_\_\_\_

### Publicity of Event

Live Streaming: \_\_\_\_\_ Competition video on YouTube: \_\_\_\_\_  
Delayed Uploading: \_\_\_\_\_

Publicity through social media? \_\_\_\_\_ Which ones? \_\_\_\_\_

Plan to advertise through mass media?

Internet: \_\_\_\_\_ TV: \_\_\_\_\_ Radio: \_\_\_\_\_  
Other: \_\_\_\_\_

Plan for ticket sales? \_\_\_\_\_

Ticket Prices: Adult: \_\_\_\_\_ Child: \_\_\_\_\_

Other: \_\_\_\_\_

Scheduled VIP participation (government, chamber of commerce, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Certificate of Insurance

List any additional insured that needs to be listed on certificate on insurance. You MUST include name, address, and relationship (sponsor, landowner, school district, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Certificates will not be issued until USATKD Office has received and reviewed medical personnel information for the tournament.*

### Referee Seminar

Will you be holding a Referee Seminar in conjunction with the tournament? \_\_\_\_\_

Date of Seminar: \_\_\_\_\_ Start Time: \_\_\_\_\_ Location: \_\_\_\_\_

Who will be conducting the seminar? \_\_\_\_\_

### Other Clinics

Will you be offering any other clinics or workshops in conjunction with your tournament? \_\_\_\_\_

If yes, what type of clinic? \_\_\_\_\_

\_\_\_\_\_

Date of Clinic: \_\_\_\_\_ Start Time: \_\_\_\_\_ Location: \_\_\_\_\_

Who will be conducting the clinic? \_\_\_\_\_

### History of Event

Date of Events First Occurrence: \_\_\_\_\_

Total Number of Previous Event Occurrences: \_\_\_\_\_ Date of Last Event: \_\_\_\_\_

Location of Last Event: \_\_\_\_\_

Number of Participants (Athletes/Coaches): \_\_\_\_\_

Number of spectators: \_\_\_\_\_

Previous occasions for USAT recognition: \_\_\_\_\_

\_\_\_\_\_

Type of Event: US 2.0 \_\_\_\_\_ US 4.0 \_\_\_\_\_ US 10.0 \_\_\_\_\_

## Medical

All medical staff will be required to watch the [SafeSport](#) training and complete a background check. The only exception to this is if the staff contracted to work your tournament are Paramedics, they are not required to complete a background check or watch the SafeSport videos.

Personnel – It is required to have one of the following on site at all times:

- One MD (Medical Doctor) or DO (Doctor of Osteopathy) trained in concussion evaluation
- ATC (Certified Athlete Trainer)/LAT and/or ALS Unit (Advanced Life Support). Basic Life Support is NOT sufficient. This may be a volunteer crew only if they have all ALS equipment.

EMTs, nurses and chiropractors do not fulfill most states requirements for concussion assessment training. Also, neither do podiatrists, dentists, gynecologists, urologists, and other such physicians who do not deal with concussions on a regular basis.

Must have one licensed medical staff person for every three rings. Additional medical staff can be the following, as long as decisions for return to play following a concussion assessment is completed by MD/DO, ATC, or Paramedic:

ATC (Certified Athletic Trainer)	PA (Physician's Assistant)
DC (Chiropractic Physician)	PT (Physical Trainer)
EMT (Emergency Medical Technician)	RN (Registered Nurse or Nurse Practitioner)
Orthopedic Extender	

A copy of the following documentation from each medical staff working the event is required:  
Medical License or Certification of Liability/Malpractice Insurance:

Updated Resume	Liability Waiver signed by each individual
Updated License	

Documentation **must** be mailed/faxed to the USATKD office no later than three weeks prior to the start of the event. The certificate of insurance will not be issued until this documentation is provided. Event Directors will be strictly held to this deadline. **If the documentation is not submitted within the timeframe established a \$100 penalty fee will be taken out of the registration funds and/or the sanction will be canceled.**

### **Medical Documentation**

USATKD requires medical documentation for all injuries. All event directors will be required to use the USATKD medical/injury forms. **Completed forms are to be mailed to the USATKD office in a sealed envelope marked as Confidential Medical** no later than seven days following the event along with the post event report. Medical forms are located for download (*Attachment B*) on the USATKD website and will be sent upon verification and approval of the medical staff. **\*\*The following 30-day rule will be applied to any athlete who is “knocked out” or becomes unconscious\*\***

*“Any athlete who is knocked out or loses consciousness for any amount of time, whether briefly or for an extended period of time, OR any athlete who does not clear all neurological tests administered by the USA Taekwondo Sports Medicine” Personnel within 20 minutes of head injury/contact will have the 30-day-out rule applied and may not continue participation that day. The athlete is required to seek an evaluation by their own doctor at the conclusion of these 30 days and show written release from this physician before being allowed to return to participation. No activity (running, weightlifting, taekwondo, etc.) is allowed until all signs and symptoms occurring from the head injury have cleared completely. USA Taekwondo Sports Medicine Staff reserves the right to refuse to allow an athlete to participate or continue participation if they deem that a head injury has occurred. All athletes sustaining a hit to the head deemed substantial enough to be seen by the USA Taekwondo Sports Medicine Personnel must remain under observation for a minimum of 20 minutes.”*

**Payment**

**Money Order**  
**Visa**  
**MasterCard**  
**Discover**

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Credit Card Number

Expiration Date

CVV#

Zip

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Name of Card Holder

Signature

**Sanction Rules and Policies**

All USATKD sanctioned events are required to adhere to sanction policies, including that all U.S. competitors are current USATKD members at the time of the event. The sanctioned event host is required to provide and adhere to medical requirements. This information must be provided prior to a certificate of insurance being issued. By signing below you are agreeing to run the Official USATKD sanctioned event accordingly and agree to comply with all rules and policies set forth in the USAKD rules.

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Print Name

Title

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Signature

Date