2020 USATKD Event Sanctioning Application

Submit application to 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 - $300______  US 4.0 - $500______  US 10.0 - $1,000______

<table>
<thead>
<tr>
<th>Event Ranking</th>
<th>Type of Event</th>
<th>Sanction Fee</th>
<th>Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>Area events</td>
<td>$250</td>
<td>Area clubs</td>
</tr>
<tr>
<td>4.0</td>
<td>Local events</td>
<td>$500</td>
<td>USATKD: Minimum 2 states &amp; 5 clubs</td>
</tr>
<tr>
<td>10.0</td>
<td>Regional/International events</td>
<td>$1,000</td>
<td>4 states, 10 clubs, &amp; 5 countries (other than USA)</td>
</tr>
</tbody>
</table>

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_____ 

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

<table>
<thead>
<tr>
<th>Athlete Registration</th>
<th>Price Each Additional Event</th>
<th>Coach Registration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Registration Fee</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Early Registration Deadline</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Registration Fee</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Final Registration Deadline</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 $12.50 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)
- DC (Chiropractic Physician)
- EMT (Emergency Medical Technician)
- Orthopedic Extender
- PA (Physician’s Assistant)
- PT (Physical Trainer)
- RN (Registered Nurse or Nurse Practitioner)

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

Credit Card Number
Expiration Date
CVV#
Zip

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.

Print Name
Title

Signature
Date