

2020 USATKD Event Sanctioning Application

Submit application to eric.winger@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 _____

Event Ranking	Type of Event	Sanction Fee	Event Information
2.0	Area events	\$250	Area clubs
4.0	Local events	\$500	USATKD: Minimum 2 states & 5 clubs
10.0	Regional/International events	\$1,000	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 \$12.50 fee/registrant.

Accommodations

Event Hotel Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Booking Website: _____

Estimated Daily Rate: _____ Distance from Venue: _____

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Booking Website: _____

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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

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