

SIoux FALLS TOURNAMENT

CLASS B REGIONAL ATA TOURNAMENT
SIoux FALLS, SOUTH DAKOTA



OCTOBER 1-2, 2021

Host Information

Hosted by Chief Master Larry Hoover
Special Guest: Grand Master Robert Jager

CONTACT INFO:

Phone: 605-332-1778

Email: lhoover@sio.midco.net

www.hooversatamartialarts.com

Event Site and Hotel

The tournament will be held at the Ramkota Hotel and Convention Center
3200 W Maple Street, Sioux Falls, SD
Call Direct for ATA Rate (605) 336-0650 or

Book Online at: https://www.bestwestern.com/en_US/book/hotel-rooms.42038.html?groupId=7R8LC1A0

\$107/night or \$137/night poolside

Hotel
Booking
Link



Tournament Registration

Region 114 has begun offering online registration! You will have two options:

- Register online at www.ataezsignup.com
- Competitors can Register at the door until 10:00 a.m. Saturday Morning.

SPECTATORS FREE!!

MASK MANDATE POLICY:

Please check Hoover's ATA website prior to tournament date for updated mask policy as issued by ATA. Thank you.

Events Schedule

**NOTE: YOU WILL NOT START BEFORE THE LISTED COMPETITION TIME.
YOU MAY START ANY TIME AFTER THE LISTED TIMES.**

SUNDAY, SEPTEMBER 26

3:00 p.m. Online Chevron Clinic
Register at: <https://spblive.net/region114judging/>

FRIDAY, OCTOBER 1

4-6:30 p.m. Onsite Registration

6:30 p.m. Region 114 Black Belt Testing
Register Online at www.ATAREgion114.com

7:30 p.m. All Events: 2nd 3rd 4th 5th Degree Adult Men and Women Black Belt
All Events: 1st Degree Men and Women Age 60↑ Only

SATURDAY, OCTOBER 2

8-10:00 a.m. Onsite Registration

9:00 a.m. Tiger Competition
All Team Sparring Competition

10:45 a.m. Black Belt Meeting

11:15 a.m. Introductions / Tournament Begins
ALL Events: Ages 8 – 17 White - Black
Staging will begin at 10:15 for ages 8-10

2:00 p.m. ALL Events: Adults White - Black

Thank You For Your Support!



Thank you for your support!

2021 SIOUX FALLS REGIONAL - REGISTRATION FORM

Complete and Sign - Present this form with Registration Fee

NAME: _____

SEX: MALE FEMALE (circle one)

COMPETITION AGE: _____ (as of 12-31-2021) BIRTHDATE: _____

FAMILY MEMBER: 3rd & Up

ATA # _____ (Lack of or incorrect ATA # will result in forfeiture of any points earned)

COMPETITION RANK: _____

CITY, STATE: _____

JUDGING LEVEL (black belts only): _____

INSTRUCTOR'S NAME: _____

FOR MORE INFO SEE www.hooversmartialarts.com


COMPETITOR INFORMATION

I am competing as a:  TIGER - Compete @ 9:00am

MODIFIED ABILITY JUNIOR ADULT JUNIOR NOVICE ADULT NOVICE

NO TOURNAMENT POINTS AWARDED FOR NOVICE

Age Division:

 TIGER 8 & ↓ 9-10 11-12 13-14 15-17 18-29 30-39 40-49 50-59 60-69 70 & ↑

Check Rank You Are Competing As:

WHITE ORANGE YELLOW CAMO GREEN PURPLE BLUE
 BROWN RED 1ST 2ND 3RD 4TH 5TH

I AM COMPETING IN THE FOLLOWING EVENTS

TRADITIONAL: FORM/SPARRING (ONE STEPS) TRADITIONAL WEAPONS

XMA - CREATIVE: XTREME FORMS XTREME WEAPONS CREATIVE FORMS CREATIVE WEAPONS

COMBAT: COMBAT WEAPONS

TOTAL REGISTRATION FEES

FORMS/SPARRING (ONE STEPS): **\$45**

EACH ADDITIONAL EVENT: **\$20**

* IF A COMPETITOR CHOOSES NOT TO COMPETE IN FORMS/SPARRING:
THEIR 1ST EVENT IS \$35 THEN \$20 FOR EACH ADDITIONAL EVENT

FORM AND SPARRING (AND/OR ONE STEPS) IS CONSIDERED ONE EVENT

***IF FORMS AND OR SPARRING IS ADDED LATER IT IS \$45, WITH NO RETROACTIVE DISCOUNT**

FAMILIES OF 3 OR MORE COMPETITORS WILL PAY REGULAR FEE FOR THE FIRST TWO FAMILY MEMBERS
AND \$10 FOR EACH ADDITIONAL FAMILY MEMBER PER EVENT

_____, have applied to participate in the 2021 Sioux Falls Regional Championships. I understand that by registering in this tournament I am subjecting myself to possible injury as I am voluntarily engaging in a contact sport. Before signing the application to register, I was given an opportunity to ask questions that I may have had relating to any danger or harm that I could be exposed to, and I have either asked the questions or have chosen not to ask. By enrolling in this tournament, I understand it is my responsibility to learn and understand all safety procedures and rules related to involvement in the ATA Taekwondo program. These procedures and rules apply not only to my training but also to participation in this tournament.

As part of the agreement in allowing me to participate in this tournament, I agree that the ATA (American Taekwondo Association) and Larry Hoover's ATA Taekwondo, Inc. (including its officers, employees, agents, tournament organizers, and any other student), will not be responsible for my safety nor do any of these parties assume any responsibility as a guardian or a fiduciary. This specifically means that no one listed in this paragraph or associated with the American Taekwondo Association or Larry Hoover's ATA Taekwondo, Inc., will be held liable for any injury, death or any other damages caused to me or my family, descendants, heirs or anyone assuming any right on my behalf, and I specifically waive any claim I may have against each person or individuals.

As further consideration and as a basis for allowing me to participate in this tournament, I agree to assume any and all risk of harm, and I specifically agree to release the ATA (American Taekwondo Association) and Larry Hoover's ATA Taekwondo, Inc., (including anyone connected with this tournament) as it relates to any damage, harm or injury that I may suffer, even if the event causing the damage, harm or injury was foreseeable or if such damage, harm or injury was created or caused by the negligent act of the parties I am releasing (this release will not apply to any intentional act). This agreement to hold harmless shall apply to any claim by me or my family, including my estate, heirs or any personal representatives in the event of my death and for any damage, injury or harm that should occur by my participating in any training, tournament, summer camp or other program related to this participation in American Taekwondo Association.

I state that I am of legal age (at least 18 years of age) and that no court has declared that I cannot sign such documents. I understand that this is a binding agreement and that I am waiving certain rights, and I know before signing this I have the right to have it reviewed by an attorney. I have read this agreement and I understand what it means. I represent that I am in good health and that I assume responsibility for my continued physical condition and capability to participate in the ATA Taekwondo training and related activities.

Signature (Co-sign if competitor is a minor)

TO BE SIGNED BY PARENT OR GUARDIAN: As the parent and/or guardian of the person named above, we hereby wish to register, a minor, in the 2021 Sioux Falls Regional Championships and after reading the above terms and conditions, do hereby agree to the terms set forth above on behalf of the minor named herein. Since the person named above is a minor and I have agreed to the terms set forth above, I hereby agree to indemnify and save harmless the American Taekwondo Association and Larry Hoover's ATA Taekwondo, Inc., (including anyone connected with the organization) for any harm caused to the minor or should the minor later bring an action against any of the parties. I understand that I have agreed to pay any cost relating to any claim against the above-named persons (including legal fees to defend such action) and to pay any award of damages should one be made in favor of the minor against any of the parties. As further consideration for allowing the minor to enroll in the tournament I personally waive (give up) any claim or cause of action that I may personally have as the parent or guardian in the event of any harm, injury or damage.

Minor's Name

Parent or Guardian Signature

2021 SIOUX FALLS REGIONAL TIGER FORM- TIGER WILL TAKE THIS FORM TO THE RING. THANK YOU.

TIGER'S NAME: _____
CITY, STATE: _____
INSTRUCTOR: _____
ATA NO. _____

SEX _____ (BOY /GIRL)
D.O.B. _____
TIGER'S AGE: _____ (AS OF 12-31-2021)
TIGER BELT RANK COLOR: _____

I AM COMPETING IN: _____

FORM DOING _____

The 1st 3 moves of my form are:



SPARRING or 1-STEPS

The words for my one-steps are:

WEAPONS USING _____ (ADDITIONAL FEE)

I AM NOT DOING WEAPONS

COMBAT WEAPONS (ADDITIONAL FEE)

I AM NOT DOING COMBAT

2021 SIOUX FALLS REGIONAL – TAKE THIS FORM TO YOUR RING. THANK YOU.

NAME: _____
CITY, STATE: _____
INSTRUCTOR: _____
ATA NO. _____ (LACK OF OR INCORRECT ATA# WILL RESULT IN FORFEITURE OF ANY POINTS EARNED)

SEX _____ (M / F)
D.O.B. _____
COMPETITION AGE: _____ (AS OF 12-31-2021)

DIVISION YOU ARE COMPETING IN

___MODIFIED ABILITY ___JUNIOR ___JUNIOR NOVICE ___ADULT ___ADULT NOVICE

CIRCLE RANK COMPETING AS:

W O Y C G P BL BR R 1ST 2ND 3RD 4TH 5TH

Traditional

I AM COMPETING IN: FORMS 1-STEPS OR SPARRING WEAPONS COMAT WEAPONS
(ADDITIONAL FEE) (ADDITIONAL FEE)

2021 SIOUX FALLS REGIONAL – TAKE THIS FORM TO YOUR RING. THANK YOU.

NAME: _____
CITY, STATE: _____
INSTRUCTOR: _____
D.O.B. _____ SEX: _____ (M / F)
ATA NO. _____ (LACK OF OR INCORRECT ATA# WILL RESULT IN FORFEITURE OF ANY POINTS EARNED)
COMPETITION AGE: _____ (AS OF 12-31-2021)

CIRCLE DIVISION YOU ARE COMPETING IN:

FEMALE COLOR BELTS FEMALE BLACK BELTS
MALE COLOR BELTS MALE BLACK BELTS

I AM COMPETING IN: XTREME FORMS XTREME WEAPONS
I AM COMPETING IN: CREATIVE FORMS CREATIVE WEAPONS

**XMA
Creative**

\$75 Per Team Event



ATA Team Sparring Roster



This roster must be completed and turned in to the Regional Tournament Team Leader (RTTL) overseeing the tournament on the Friday before the tournament.

Tournament: _____ Class: _____ Date: ____ / ____ / ____

SPARRING

COMBAT SPARRING

Rookies (12 & under)
 Junior Varsity (14 & under)
 Varsity (17 & under)
 Elites (18-39)
 Legends (40 & up)

Team Name: _____ Region: _____ State: _____ Team ID Number: _____

Head Coach: _____ HEAD COACH EMAIL: _____

COMPETITOR INFORMATION

COMPETITOR NAME	ATA NUMBER	SCHL #	GENDER M/F	STARTER / ALTERNATE	TOURNAMENT AGE	COMP. D.O.B.
1						
2						
3						
4						
5						

↓ REGIONAL TOURNAMENT TEAM LEADER USE ONLY ↓

RTTL NAME: _____
 RTTL EMAIL: _____
 RTTL CELL PHONE: _____

Received before the deadline? Yes No
 Certified Coach Onsite? Yes No
 Approved to compete? Yes No