

2012 Regional Championships

April 20-22, 2012



All members of the World Tang Soo Do Association are invited to participate in the 2012 Regional Championships! Join the Masters of Region 5 for a day filled with friendly competition and an evening of fun at our annual dinner/ dance. Then join us on Sunday for the chance to train with our Regional Masters. New this year is an added bonus of Ki Gong training on Friday. The weekend's schedule is:

Friday, April 20th

Event	Time	Location
Ki Gong Clinic	9:00-4:00	TBA
Hospitality Suit (Tournament Pre-registration optional)	5:00 – 10:00 PM	Clarion Inn/ Waterford Banquets 933 S. Riverside Dr. Elmhurst, IL 60126
Head Instructors' Meeting (At Hotel Boardroom)	5:00 – 7:00 PM	
Dan Test: Written Test Physical Test	5:30 – 7:00 PM 7:00 -- ? PM	Harvard Avenue Church 206 W. St. Charles Road Villa Park, IL 60181

Saturday, April 21st

Event	Time	Location
Tournament	Registration (if not pre-registered at hotel)	8:30 AM
	Black Belt and Cho Dan Bo Competitions	9:00 AM
	Opening Ceremonies: Creativity Teams, Dan cups	11:00 AM
	Little Dragons & Gup Competitions Forms, Weapons, and Sparring Divisions	12:00 PM
	Closing Ceremonies Gup and Spirit cups awarded	Immediately following Gup Competition
Dinner-Dance (held at Championship hotel)	6:00 PM	Clarion Inn/ Waterford Banquets 933 S. Riverside Dr. Elmhurst, IL 60126

Sunday, April 22nd

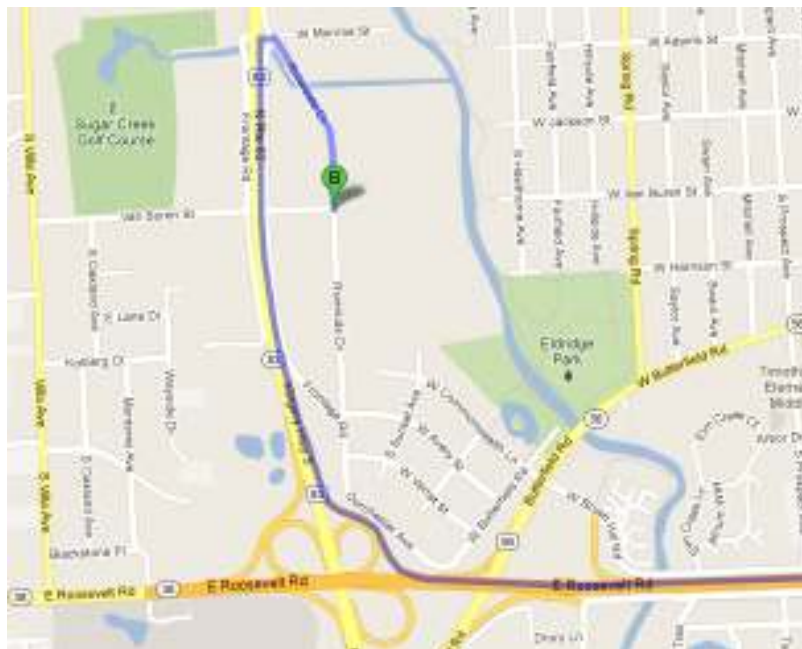
Event	Time	Location
Clinic	Clinic Registration	8:30 AM
	Clinic (all ranks and little dragons)	9:00 AM – 12:00 PM
		York High School 355 W. St. Charles Road, Elmhurst, IL 60126

Please feel free to contact Paul or Sue Helsdon at (630) 832-3126 or
Email region5regionals@hotmail.com with questions or for additional information.

Tournament Hotel Information

Clarion Inn/ Waterford Banquets
933 S. Riverside Dr., Elmhurst, IL 60126
(630) 279-0700
Discount Code: WTSDA
<http://www.clarioninnehurst.com/>
\$89.99 / Night (By April 1st)

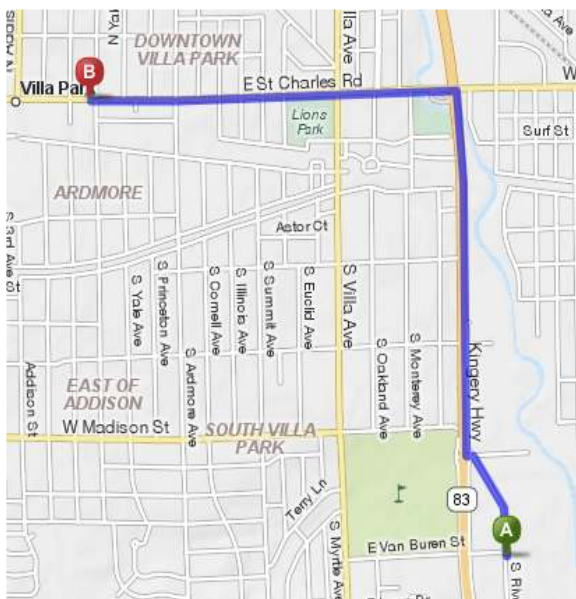
- 294 North
- Exit at Westbound Roosevelt Road
- Exit onto Northbound Rt. 83/Kingery Hgwy
- Turn Right onto Riverside Drive. (This is a light, Walmart is to the left)
- Turn Right onto Frontage Road
- Turn Left onto Van Buren (at Metro Self Storage building)



Directions from Hotel to Dan Test

Allow at least 10-15 minutes for traffic

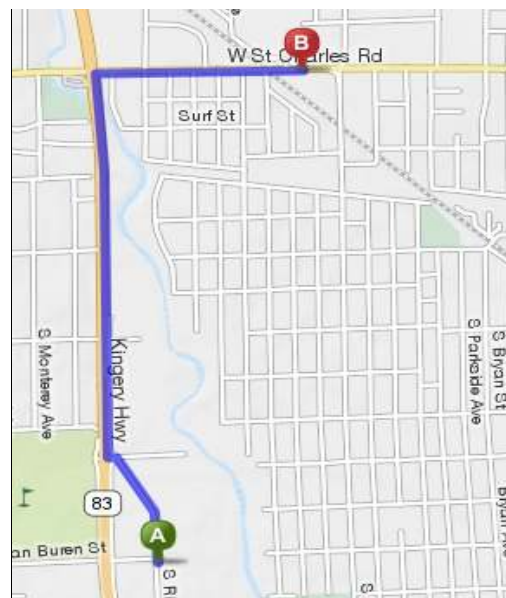
- Turn Right out of hotel parking lot onto Riverside Drive.
- Turn Right at the light (Rt. 83/ Kingery Highway)
- Turn Left onto St. Charles Road
- Turn Right onto Harvard Avenue (not a light)
- The Harvard Avenue Church will be on your right across the street from The Wreck Room. Parking is off of Harvard Avenue (not a light).



Directions from Hotel to Tournament

York High School is about 10 minutes from the hotel.

- Turn Right out of hotel parking lot onto Riverside Drive
- Turn Right at the light (Rt. 83/Kingery Highway northbound)
- Turn Right on St. Charles Road
- York High School is on the left side of the road, over the railroad tracks.
- Park in main parking lot (front of school) and Enter through door #5



2012 Regional Championships Registration Form

Please print all information legibly -- **Early registration deadline: March 31, 2012**

Personal and Association Information

Last Name:		First Name:			Middle Initial:
Street Address:				City:	
State:	Zip Code:	Gender:	Age:	Weight:	
Email Address:			Phone Number:		
Association ID#:		Rank:	Belt Color:		
Studio:		Studio City:	Instructor's Name:		

Tournament Events

WTSDA Events -- Please <input checked="" type="checkbox"/> all in which you wish to compete					
Forms	<input type="checkbox"/>	<input type="checkbox"/>	Little Dragons Forms		<input type="checkbox"/>
Sparring (must provide own gear)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Weapons (4 th gup and higher)	<input type="checkbox"/>	<input type="checkbox"/>	Little Dragons Belt Sparring		<input type="checkbox"/>
Creativity Team (Team captain only)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

Fee	Fee Enclosed
\$40 by March 31	\$
\$50 Apr. 1- Apr. 13	

T-Shirt Orders (Please circle the correct size)

Child Sizes	Small	Medium	Large		
Adult Sizes	Small	Medium	Large	X-Large	XX-Large

\$12	\$
\$15	\$

Dinner-Dance

Child Meal	# needed:
Adult Meal	# needed:

\$15	\$
\$25	\$

Sunday Clinic

Clinic open to all (Lunch on your own)
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\$10	\$
Total Enclosed	\$

Make check payable to: WTSDA Region 5
Mail to: Paul Helsdon, 520 S. Villa Ave. Villa Park, IL 60181

Instructor Approval Required (if not a certified WTSDA Instructor)

Signature:	Date:
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Waiver and Agreement

I, the undersigned, assume all risk for injury that I may sustain in connection with this event and waive all claims against instructor(s), participant(s), student(s), participating studio(s), the World Tang Soo Do Association and all its officials, and the Community High School District 205 and all its officials. I further agree to obey all required rules and regulations governing this event and the operation of the Community High School District 205. I consent to the use of my picture, voice or likeness on television, radio, internet or other devices now known or hereafter devised without compensation.

Participant's Signature (if 18 or over):	Guardian's Signature (if under 18):
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2012 Region 5 Ki Gong Clinic



Feel the healing power of Ki Gong!

Learn to harness the power of your own energy + that of the world around you.



"The secret to anti-aging" it is the "miracle exercise" for people seeking to avoid drugs, surgery, + expensive doctor bills"

Dr Mehmet Oz

Session 1

Longevity Exercise
Silk Reeling
Basic Ki Theory
Dragon Gate Form
Fragrance Ki Gong 2

Session 2

Introduction to the World Ki Gong Club
Breathing Techniques
Basic Ki Gong
Meditation
Fragrance Ki Gong 1

This clinic is not just for Tang Soo Do students; family members of all ages & abilities are encouraged to attend!

Thank you for understanding that the schedule may change as needed to accommodate an optimum educational experience. 3 units per session count towards level advancement for members of the World Ki Gong Club.

Friday, April 20th

Session 1 ~ 9:00am-noon (lunch included)

Session 2 ~ 1:00pm-4:00pm

2012 Region 5 Ki Gong Clinic



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Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: M F

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Studio: _____ Instructor: _____

World Ki Gong Club Level: _____ WTSDA rank: _____

I am a WKGC member:

Clinic only: \$97 = \$ _____

WKGC dues for 2012:

Membership: \$10 = \$ _____

I do not wish to join the WKGC at this time:

Clinic only: \$107 = \$ _____

All inclusive, uniform, clinic & WKGC membership:

Uniform pants size # 1 2 3 4 5 6

Uniform shirt # S M L XL

One year WKGC membership Included

Uniform, clinic & membership: \$137 = \$ _____

(membership is required to accumulate credits)

Total included = \$ _____

Received
\$ _____
Date _____

Please add the total to your check for the Regional Championships.

Waiver and release of all claims must be signed in order to participate

I the undersigned, for myself, my heirs, executors & administrators, do hereby waive, release, & forever discharge any & all rights & claims for damages which I may have or may accrue to me against the World Tang Soo Do Association, the World Ki Gong Club, their respective officers, representatives, successors, officers of the clinic, my own studio, instructor, Elmhurst Tang Soo Do, Seven Stars Martial Arts, & their workers &/or assigns & against any participants for any & all damages which may be sustained by me. I will obey all required rules & regulations & also assume full responsibility for any of my actions during & in connection with said event.

I agree that my performance or attendance at the clinic, or both, may be photographed, filmed or otherwise recorded or telecast live & I consent to the use by the World Tang Soo Do Association, the World Ki Gong Club, its assignees & licenses including any public news media of my name, likeness, voice, poses, pictures, & biographical form or language with or without other materials throughout the world without limitation, for television, radio, &/or theatrical motion pictures by any devices now known or hereafter devised & I waive any compensation whatsoever.

By registering for this clinic I understand that the practice of Ki Gong requires time, patience & hard work. I expect to learn healthy application of time tested principles and do not expect diagnosis, treatment or cure of any disease process.

Participant Signature: _____ Date: _____
(Parent or guardian if under 18)

Instructor Signature: _____ Date: _____
(Instructor review & approval required)