

This Form must be renewed once a year in April.
SPECIAL ABILITIES COMPETITION FORM

ALL SPECIAL ABILITY COMPETITORS MUST FILL THIS FORM OUT IN ITS ENTIRETY.

Competitors Information: _____ Date: _____

Name: _____ Birth date: _____ Age: _____

Address _____

Email Address: _____

ATA #: _____ Rank: _____ School # _____

Region # _____ Instructors Name: _____

This Competitor will be competing in the: PHYSICAL DIVISION _____ COGNITIVE DIVISION _____

Please describe the competitor's special ability qualification, attach a doctor's diagnosis if desired:

Please describe any assistance (such as wheelchair, crutches, helper, assistant, ect.) the above competitor may need in order to compete in the following:

Forms-

Sparring (note that special partners will not be allowed per ATA guidelines)-

Weapons-

Other important information we should know about the competitor:

The following individuals have approved the above competitor's information in the special abilities division based on the current guidelines under the June 2011 Rule book of the ATA (all signatures must be completed before the competitor can accumulate tournament points)

Competitor/Parent/ Guardian Signature

Instructor Signature

Signature of Regional Tournament Team Leader

International Chairman of Tournaments
American Taekwondo Association

Please see pages 61-62 of the Rule Book if you have any questions

www.ataonline.com

Complete the application and email along with any support information to:
Susan.Winter@ata-owner.com or fax to 609-430-2893