

This Form must be renewed once a year in April and sent to Headquarters.

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: _____

Instructors Name: _____ School # _____ Region # _____

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 2004 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 Chief of Tournaments

International Chairman of Tournaments
American Taekwondo Association

Please send this form to ATA Headquarters ATTN: Tiffany Mulford TOURNAMENT DEPT.
Any questions please contact Tiffany Mulford at Ex: 2259 or Email Tiffany.Mulford@ataonline.com

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