

GOLD CUP XXIV

TAEKWONDO CHAMPIONSHIP

Dear Masters, Instructors, Competitors, and Referees:

It is an honor to officially invite everyone to the 24th Gold Cup Taekwondo Championships. Gold Cup XXIV will be held on Saturday, November 2nd at Promise International Ministry Gymnasium in Flushing, Queens, New York. We will be using the DAEDO Electronic Body Scoring System (used at the Olympics and World Championships) for all competitors in all sparring divisions. Competitors must have their own Daedo Electronic Socks. We will have a limited supply for sale at the venue.

Since 2000, the Gold Cup Championship has been recognized as the premier Taekwondo tournament in the east coast. The Gold Cup has hosted some of the best competitors, teams, coaches, and referees from all around the country and abroad. Olympic Champions, World Champions, National Team Members, National Champions, Junior National Team Members, Jr. National Champions, and State Champions have all stepped on the mat to compete to become Gold Cup Champion.

We would like to thank in advance all the Taekwondo Masters and Instructors for their outstanding support and contribution to the Gold Cup for over 20 years, and to the growth of sport Taekwondo in our country. It is your leadership, commitment and dedication that will lead the way for tomorrow's champions. We would also like to thank all the competitors for their support to the Gold Cup and all the hard work, perseverance and preparation to becoming the best that they can be. And of course, we would like to thank all the Referees for their support to the Gold Cup and the endless and dedicated service to giving the athletes and coaches the best experience possible each and every year.

We look forward with much anticipation to seeing and meeting everyone, at the 24th Gold Cup Taekwondo Championship on Saturday, November 2nd. Get ready, train hard and come test your skills as a competitor, coach and referee against the best, at this year's Gold Cup.

“COMPETE WITH THE BEST”

Respectfully,

*GrandMaster Suh
7th Dan Kukkiwon Certified
U.S. National Team Member
U.S. National Champion
U.S. National Collegiate Champion
U.S. National Team Coach*

GENERAL INFORMATION

Hosted & Sponsored by:

High Performance Martial Arts
www.hp martial arts.com

Tournament Director:

718-357-3915 / 631-462-0948 / 516-255-4000
Grand Master J. W. Suh & Master Christian Suh

Location:

Promise International Ministry Gymnasium
130-30 31st Ave., Flushing, Queens, 11354

SCHEDULE OF EVENTS

- 8:00AM: Volunteer & Staff Meeting
- 9:00AM: Doors Open to Spectators
- 10:00AM: Competition All Events 4-7 years
- 11:00AM: Competition All Events 8-9 years
- **12:00PM: Competition All Events 10-11 years**
- 1:00PM: Competition All Events 12-14 years
- 2:00PM: Competition All Events 15 & older

REGISTRATION INFORMATION

1. All Competitors Must Register Online @ hpmartialarts.com or by Email to Hpmartialarts@gmail.com
2. ALL ENTRIES must have credit card info or they will have to pay door registration fee.
3. Please Email Team Roster Form for schools with 10 or more competitors

AWARD INFO

Forms & Breaking

- 1 – 1st Place
- 1 – 2nd Place
- 2 – 3rd Place

Sparring

- 1 – 1st Place
- 1 – 2nd Place
- 2 – 3rd Place

FORMS (POOMSAE) REGULATIONS

1. WTF recognized poomsae. Must perform belt level poomsae.

BREAKING (KYUKPA) REGULATIONS

1. No objects allowed between boards. **No SHOES Allowed.**
2. **1 minute time limit. 3 Breaking Stations Only.**
3. 3 attempts only. Thick Boards will be scored higher than thin boards.

BELT DIVISIONS

White-Yellow-Orange (One Division)
Green-Blue-Purple (One Division)
Brown-Red (One Division)
Black Belts

SPARRING HEAD CONTACT RULES

No Head Contact: 4 - 14 Year Old Color Belts
Light Head Contact: 8 - 14 Year and 33 & up Black Belts
Light Head Contact: 15 & up Color Belts
Full Head Contact: 15 – 32 Black Belts

GOLD CUP XXIV

COMPETITOR'S APPLICATION

Event Date: Saturday, November 2, 2024

PLEASE EMAIL APPLICATIONS TO: HPMARTIALARTS@GMAIL.COM (Deadline Oct 30)

Tournament Venue: Promise International Ministry Gymnasium 130-30 31st Ave. Flushing NY 11354

COMPETITORS MUST SIGN WAIVER & RELEASE FORM

Last Name: _____ First Name: _____

Home Address: _____

Email: _____ Cell Phone #: _____

TKD School Name: _____

TKD School Address: _____

TKD Phone Number: _____ Master/Instructor: _____

Application will not be processed without the information below

Circle one: Male Female Birth Date: _____ Calendar Year Age: _____ Weight: _____ Belt: _____

Circle Your Division: White/Yellow/Orange Green/Blue/Purple Brown/Red Black Belts

Circle the events you will be competing in: Forms Breaking Sparring

Entry Fee: 1 event- \$120 2 events: \$130 3 events: \$140

Completed Forms Must Be Emailed to: hpmartialarts@gmail.com (Deadline Oct 30)

All Applications must have credit card info

Credit Card #: _____ Exp.Date: _____ Sec.Code _____

Name on card: _____ Address: _____

Billing Zip Code: _____ Amount to charge: _____

Tournament Site : Promise International Ministry Gym 130-30 31st Ave. Flushing NY 11354

LIABILITY WAIVER

I hereby submit my application for registration in the Gold Cup Championship. I understand that this martial art competition is a body contact sport, and that my participation in this sport involves some risk of injury. I knowingly and voluntarily assume all risk of injury. I hereby release High Performance TKD Martial Arts Center and its instructors, employees, coaches, organizers, administrators, and Promise International Ministry for any responsibility for injury suffered during the competition. I understand further that I shall strictly obey the rules and regulations governing this tournament. In the event of such injury, I hereby give my consent to receive the appropriate medical treatment. I further agree that any pictures taken of or by me in connection with the tournament can be used by the organizers for publicity or promotion without compensation at this time or any other time.

I acknowledge that I have read carefully the above and understand it fully, and I voluntarily agree to be bound by the terms specified herein.

COMPETITORS SIGNATURE: _____

DATE: _____

****IF UNDER 18 YEARS, PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.**

The undersigned, the parents or legal guardian of the above mentioned participant, has read the foregoing, and do hereby agree to the terms, conditions, and provisions of the foregoing agreement, and agree to release the said organization and organizers for any responsibility for injury to my child suffered during this competition. In the event of such injury, I hereby give my permission for my child to receive appropriate medical treatment.

PARENT/LEGAL GUARDIAN SIGNATURE: _____

DATE: _____

GOLD CUP XXIV TAEKWONDO CHAMPIONSHIP

NOVEMBER 2, 2024 @ PROMISE INTERNATIONAL MINISTRY GYM
130-30 31ST AVE., FLUSHING, NY 11354

COACHES APPLICATION FORM

- ◆ All Coach Application fee: \$30 if emailed by Oct. 30
- ◆ At the door fee: \$40

Please type or print all information:

Last Name: _____ First Name: _____

Birthdate: _____ Age: _____ Circle one: Male Female

Rank: _____ Degree: _____ Black Belt WTF Dan #: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Phone #: _____ E-mail: _____

Dojang: _____ Master Instructor: _____

School Address: _____ City: _____

State: _____ Zip code: _____ Country: _____

Phone#: _____ E-mail: _____

CREDIT CARD INFO

CreditCard#: _____ Exp.Date: _____ Sec.Code _____

Name on Card: _____ Billing Address: _____

Billing Zip Code: _____ Amount: _____

LIABILITY WAIVER

I understand that Taekwondo is a body-contact sport, which involves the risk of injury. I agree that I will be responsible for all case of accident such as any damage, loss and any injury etc. which may occur when coaching my students during physical exercise and competition of Gyroogi (Sparring) Breaking and Poomse (Form) and by my carelessness until the finish of the tournament. I agree that High Performance Taekwondo Center, Promise Ministry and all organizing Committees for the Gold Cup National Taekwondo Championship including organizers, officials, staff and volunteers, as well as referees, competitors, staff of sports arena and others, except coach herself/himself, will be indemnified from all accidents as above and release and forever discharge from any claims for damages. I, also agree that the medical treatment provided by the Organizing Committee, if necessary will be a first aid type only.

Printed Name: _____ Signature: _____ Date: _____

TEAM REGISTRATION FORM: FOR SCHOOLS WITH 10 OR MORE STUDENTS
YOU MUST SIGN WAIVER: WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my entry or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors, and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or many accrue to me against High Performance Taekwondo Center, this athletic meet, it's organizing committee, Promise International Ministry, and Gold Cup Taekwondo Championship and all members of this athletic meet, or their respective officers, committees, medical committee, agents, representatives, successors, sponsors, advertisers, volunteers, owners, and lessor on premises on which the athletic meet takes place, assignees and against any competitor for any and all damages which may be sustained by me or out of traveling to, participating in, and returning from this athletic meet.
 I understand the nature of the Gold Cup Taekwondo Championship Activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this athletic meet. I understand that the Gold Cup Taekwondo Championship Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the athletic meet.
 I have read this agreement, fully understand it's terms, understand that I or the minor child have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

NAME	M or F	AGE	Belt division competing in:	Weight in LBS.	EVENTS: F-Forms B-Breaking S-Sparring	LIABILITY WAIVER SIGNATURE
						Under 18 Yrs- Parent/ Legal guardian must sign
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23.						

Team/School Name: _____
 Master/ Instructor/Coach Name: _____
 Telephone: _____ Email: _____
 Credit Card# _____ Exp _____ Sec _____ Amount _____ Billing Zip Code _____

