



# 2010 Region 8 Clinic

## Saturday, 21 August 2010

We are pleased to invite you to the 2010 Region 8 Clinic. Master Peterman, Mr. Schwartz, Mrs. Peterman, & Ms. Heise along with their instructors have put together an exhilarating day of training and camaraderie. We hope that you will take this opportunity to train with students and instructors from other WTSDA studios.

***Proceeds will be donated to the WTSDA Region 8 Scholarship Fund.***

**Who:** All Youth Class and Adult Class Students of WTSDA (ages 7 and up)  
(Sorry, no Little Dragons, Mighty Dragons, or Tiny Tigers)

**Where:** Split Rock Resort - Galleria Sports Complex, Lake Harmony, PA, <http://www.splitrockresort.com>  
**Accommodations:** For those interested in staying at Split Rock Resort, please contact Group Sales at [800-255-7625](tel:800-255-7625) and identify that you are with the Tang Soo Do Clinic for the discounted rate for a standard room: \$126/night (incl tax and fees).

|             |              |                             |      |
|-------------|--------------|-----------------------------|------|
| <b>Fee:</b> | \$35/Student | <b>Family Discount Plan</b> |      |
|             |              | First Student               | \$35 |
|             |              | Second Student              | \$30 |
|             |              | Each Additional Student     | \$25 |

**Deadline:** **Submit the registration form and payment between 8-9AM to the registration desk at Split Rock Resort Galleria Rec Center.** Please ensure that your instructor has signed it before hand.

|                            |                 |                                     |
|----------------------------|-----------------|-------------------------------------|
| <b>Schedule of events:</b> | 8:00 - 9:00 AM  | Arrival / Check In                  |
|                            | 9:00 AM         | Introduction and Opening Ceremonies |
|                            | 9:15 AM         | Warm Ups, & Basic Drill             |
|                            | 10:00 AM        | Hyung by Rank                       |
|                            | 10:30 AM        | One Steps by Rank                   |
|                            | 11:00 AM        | Break                               |
|                            | 11:15 AM        | Training Block 1                    |
|                            | 12:15 - 1:00 PM | Lunch & Group Photo                 |
|                            | 1:15 PM         | Training Block 2                    |
|                            | 2:15 PM         | Training Block 3                    |
|                            | 3:15 PM         | Break                               |
|                            | 3:30 PM         | Training Block 4                    |
|                            | 4:30 - 5:00 PM  | Group Hyung & Closing               |

**What to Bring:** **All** students should wear official World Tang Soo Do Association Do Bohk and Belt Shoes (Shoes must be worn in the resort when not in the Gym)  
Sparring Gear  
Gear and training weapons (no sharp blades) appropriate to rank  
Any other item you think you may need to train  
Bag Lunch and Drinks - A food stand will be operating on site.

During the clinic we will spend our time together training and sharing ideas. We will be including both group training for all ages and training blocks based on students' ages and ranks. We will cover traditional skills as well as other complementary skills and learning experiences.

We are very excited about the opportunity to bring this training seminar to our students. We hope that each of you will take the opportunity to grow in your own personal training as well as grow the personal bonds that makes Tang Soo Do so strong. We are looking forward to training with you.

Tang Soo!

**Master Ken Peterman**  
Brandywine Martial Arts Academy

**Mrs. Nicole Peterman**

**Mr. Jeff Schwartz**  
New York City  
Tang Soo Do

**Ms. Martha Heise**  
Rising Phoenix  
Martial Arts Academy

# 2010 Region 8 Clinic Registration Form

Please type or print legibly

**Submit the registration form and payment between 8-9AM to the registration desk at Split Rock Resort Galleria.**

Please ensure that your instructor has signed it before hand.

|                           |                                               |                                   |      |
|---------------------------|-----------------------------------------------|-----------------------------------|------|
| Name                      |                                               | Assoc. #                          |      |
| Address                   |                                               | Rank                              |      |
|                           |                                               | Age                               |      |
|                           |                                               | Phone #                           |      |
| Studio                    |                                               | <b>Training Fees (circle one)</b> |      |
|                           |                                               | 1 <sup>st</sup> Family Member     | \$35 |
| Instructor's<br>Signature | (Instructor's approval signature is required) | 2 <sup>nd</sup> Family Member     | \$30 |
|                           |                                               | 3 <sup>rd</sup> + Family Member   | \$25 |
|                           |                                               | <b>Total Due</b>                  |      |

*Families please submit all applications at one time.*

**PLEASE MAKE CHECKS PAYABLE TO: Jeffrey Schwartz**

| Special Medical Conditions                                                                                                                                      | Emergency Contacts (day of the event) |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-----------|
| Please list all known medical conditions/information including but not limited to: allergies, injuries, medications, etc... (use the reverse side if necessary) | Primary:                              | Phone #'s |
|                                                                                                                                                                 | Alternate:                            | Phone #'s |

**ASSUMPTION OF RESPONSIBILITIES AND RISK**

I, the undersigned, assume responsibility for my own safety (or the safety of my child), understanding and accepting the risks involved with martial arts training. Even if the instructors have informed me that no serious injuries have ever happened in relation with this event or other events hosted by these instructors, I understand that this does not mean there is no possibility of harm. By assuming this risk, I completely absolve, indemnify and waive all claims against all instructors, staff, guests, students, landlords, management companies, certifying organizations and any and all other parties of liability for my harm, unless intentionally caused in criminal conduct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PARENTAL INDEMNIFICATION** (Anyone under 18 must have parent or guardian sign to participate - No exceptions.)

As legal guardian for my child I assume all responsibility and risk, as detailed above, on behalf of my child. Furthermore, I agree not to bring any claim or suit against the school, instructors, staff, guests, students, landlord, or any other parties on behalf of my child for any injury or harm by any event short of a criminal act, and then only the criminal shall be subject of such a claim. I further agree that I will not cause to be brought, nor encourage a claim or suit. I also agree not to cooperate in the bringing of such a suit or claim except insofar as I may be legally required to do so. Finally, I shall indemnify the school, instructors, staff, guests, students, and any and all additional defendants covered by this agreement for all judgments, costs, attorney fees and other expenses incurred as a result or a breach of this agreement.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



# You're Invited...

## Region 8 Clinic

All Youth Class and Adult Class Students of WTSDA (ages 7 and up)  
(Sorry, no Little Dragons, Mighty Dragons, or Tiny Tigers)

**August 21, 2010**  
**9 AM - 5 PM**

**Split Rock Resort Galleria, Lake Harmony, PA**

*Submit the registration form and payment between 8-9AM on Aug 21 to the clinic registration desk at Split Rock Resort Galleria Rec Center*

*Proceeds benefit the Region 8 Scholarship Fund*

### SPONSORED BY:

**Master Ken Peterman**  
**Mrs. Nicole Peterman**

**Brandywine**  
**Martial Arts Academy**

**Mr. Jeffrey Schwartz**

**New York City**  
**Tang Soo Do**

**Ms. Martha Heise**

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