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# World Tang Soo Do Association

## 2009 Central Ohio Gup Clinic

February 6-8, 2009

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Dear World Tang Soo Do Association members and family,

On behalf of Buckeye Tang Soo Do, I am pleased to invite you to the 2009 annual Central Ohio Gup Clinic. This event is open to WTSDA students of all ranks. This year's event is being co-hosted by Buckeye Tang Soo Do, Lifetime Tang Soo Do, and Columbus Tang Soo Do Academy at The Ohio State University. An exciting day of training has been planned and we hope that you will take this opportunity to train with students, instructors, and Masters from other WTSDA studios.

A more detailed schedule of events will be forthcoming, but the clinic on February 7 will run from approximately 8 am until 5 pm (including morning registration for those who did not register on the evening of February 6). There will also be a Black Belt Pretest held on Friday evening (February 6) and a Sunday morning (February 8) workout for all Black Belts and Cho Dan Bos led by the Senior Masters of our Region.

**Who:**

All Students of WTSDA

- Youth Clinic for students Age 12 and Younger
- Adult Clinic for students Age 13 and above, and All Dans

**Where:**

Ohio State University RPAC  
337 W. 17th Ave. Columbus, OH 43210  
1st Floor North Gym

**Cost:**

\$40/Person\*\*

\*\*Please write all checks to **WTSDA Region 5**. We will again be handling all registrations at the door. **No mailed applications will be accepted.** Please allow yourself enough time to register upon arrival!

**Lunch:**

A lunch – including sandwiches, fresh fruit, water & sports drinks, and healthy snacks – will be provided. Parents and spectators will have the opportunity to purchase a lunch, and vegetarian options will be available.

**What to Bring:**

**All** students should bring the following equipment and materials:

- Dobohk, all weapons appropriate for rank (Bong, Dan Gum, Jang Gum, Jipangi) sparring gear, mouthpiece, and any other articles you may think you need. Please label your personal items with your name and studio.
- **Students under age 18 should bring a copy of the attached "Agreement to Release and Indemnify the University" signed by the student's parent or Legal Guardian.**
- **Formal dress blues are required for all Cho Dan Bos and Dan members.**

**Hotel:**

Fairfield Inn, 3031 Olentangy River Rd. Columbus, OH 43202.  
1-800-228-2800, Group Rate Code "WTSP" (\$94.00/Night)  
Rate not guaranteed after **1/16/09**

## ***Training Opportunities:***

The exact schedule is yet to be determined, but in the past, students have been able to select from the following:

- Hyung Application
- Sparring strategies
- Dynamic Kicking
- Ki Gong
- Falling Techniques
- Bong Skills
- Sword
- Rope Techniques
- Knife Drills
- Short Sticks
- Self-Defense 1 Steps
- Groundfighting
- Fan
- Tai Chi

The Youth Clinic will be a fun day of training with some of the region's senior instructors and master's.

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 develop the personal bonds that make Tang Soo Do so strong. We are looking forward to training with you and sharing in the fun with your family and friends afterwards.

Tang Soo!

**Allyson L. Holbrook**

Buckeye Tang Soo Do

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## Directions for the Central Ohio Clinic, February 6-8, 2009

### **From: North (Grand Blanc, MI to Columbus: ~220 miles)**

- US 23 South \_ I-475 South (around Toledo, Ohio)
- I-475 South \_ I-75 South
- I-75 South \_ I-15 West
- I-15 West \_ US 23 South (towards Columbus, Ohio)
- US 23 South \_ I-270 West
- I-270 West \_ I-315 South
- Ohio State University/Lane Avenue exit
- Turn LEFT (East) onto Lane Avenue – follow directions from Lane Avenue exit to either the clinic or the Fairfield Inn

### **From: Northwest (Chicago, IL to Columbus: ~357 miles)**

- I-90 East \_ I-94 East
- I-94 East \_ I-65 South
- I-65 South \_ Indianapolis, IN \_ I-465 East
- I-465 East \_ I-70 East
- I-70 East \_ Columbus, Ohio
- I-70 East \_ I-315 North
- Ohio State University/Lane Avenue exit
- Turn RIGHT (East) onto Lane Avenue – follow directions from Lane Avenue exit to either the clinic or the Fairfield Inn

### **East (Pittsburgh, PA to Columbus: ~200 miles)**

- I-79 South \_ I-70/76 West (towards Columbus, Ohio)
- I-70 West \_ Columbus, Ohio
- I-70 West \_ I-315 North
- Ohio State University/Lane Avenue exit
- Turn RIGHT (East) onto Lane Avenue – follow directions from Lane Avenue exit to either the clinic or the Fairfield Inn

### **Directions to The Fairfield Inn from Lane Ave. Exit**

- Turn LEFT onto Olentangy River Road – passing the Schottenstein Center on your LEFT
- The Fairfield Inn is on your LEFT, ~1.1 miles

### **Directions to R-PAC/Clinic from The Fairfield Inn**

- Turn RIGHT out of the Fairfield Inn onto Olentangy River Road
- Turn LEFT onto West Lane Avenue – go over Lane Avenue Bridge
- Turn RIGHT onto Tuttle Park Place – you will pass 'The Blackwell' on your LEFT
- Turn RIGHT onto Woody Hayes Drive
- Turn LEFT onto Cannon Drive – you will pass the Ohio Stadium on your LEFT
- Turn LEFT onto W. 12<sup>th</sup> Avenue – you will pass the hospital on your RIGHT
- Turn LEFT onto Neil Avenue – look for signs
- Turn LEFT into parking lot between Lazenby Hall and Campbell Hall
- The Neil Avenue Parking Garage will be on your LEFT
- The R-PAC will be on your RIGHT

### **Directions to R-PAC/Clinic from Lane Ave. Exit**

- Turn RIGHT onto Tuttle Park Place – you will pass 'The Blackwell' on your LEFT
- Turn RIGHT onto Woody Hayes Drive
- Turn LEFT onto Cannon Drive – you will pass the Ohio Stadium on your LEFT
- Turn LEFT onto W. 12<sup>th</sup> Avenue – you will pass the hospital on your RIGHT
- Turn LEFT onto Neil Avenue – look for signs
- LEFT into parking lot between Lazenby Hall and Campbell Hall
- The Neil Avenue Parking Garage will be on your LEFT
- The R-PAC will be on your RIGHT

## 2009 CENTRAL OHIO CLINIC REGISTRATION

Door Registration: \$40.00  
Please make checks out to: WTSDA Region 5

(Check One Box Below)

Youth (12 & Under/Non  
Black Belts)

Adult (13 & Over & ALL Dans)

Name: \_\_\_\_\_ Assoc. #: \_\_\_\_\_

Address: \_\_\_\_\_

Studio Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Gender: (check one)

- Male  
 Female

Age: \_\_\_\_\_

Dietary restrictions: (check one)

- None  
 I am a vegetarian  
 N/A (I do not plan to eat the lunch being provided)  
 Other (please specify): \_\_\_\_\_

Current Rank: (check one)

- Master (Sah Dan and Senior)  
 Sah Dan  
 Sam Dan  
 E Dan  
 Cho Dan  
 Cho Dan Bo  
 1<sup>st</sup> Gup (Red Belt with Stripe)  
 2<sup>nd</sup> Gup (Red Belt without Stripe)  
 3<sup>rd</sup> Gup (Brown Belt with Stripe)  
 4<sup>th</sup> Gup (Brown Belt without Stripe)  
 5<sup>th</sup> Gup (Green Belt with Stripe)  
 6<sup>th</sup> Gup (Green Belt without Stripe)  
 7<sup>th</sup> Gup (Orange Belt with Stripe)  
 8<sup>th</sup> Gup (Orange Belt without Stripe)  
 9<sup>th</sup> Gup (White Belt with Stripe)  
 10<sup>th</sup> Gup (White Belt without Stripe)

**NOTE: In order to use the facilities at the Ohio State University, all registrants must present the release form on the following page with either the top or the bottom portion completed. Students under age 18 should have the bottom part of the form completed by their parent or legal guardian. If a parent or legal guardian is not accompanying the minor, this form should be completed in advance and brought to the registration desk with the completed registration form.**

**DO NOT MAIL THIS REGISTRATION.** All Registrations will be handled at the door.

**AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY (For Participants Age 18 or older)**

The Ohio State University's Buckeye Tang Soo Do has agreed to sponsor an event on the University's campus. In connection with that event, I wish to participate. Because my participation will involve risk of personal injury or damage to property, I agree to the following as conditions for participation in these instructional sessions:

1. In consideration of being granted the opportunity to participate in this activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any and all claims of damages, demands, and any actions whatsoever, including those based on negligence that I ever had, now have or may claim to have arising out of my participation in this activity. I also hereby agree to save, hold harmless, and indemnify The Ohio State University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students from and against any and all liability, losses, claims, demands, costs and expenses to which The Ohio State University may become subject by reason of my participation in this activity.
2. I agree to acquire, prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity. Such insurance shall be through an insurance company authorized to do business within the State of Ohio.
3. I hereby attest and verify that I have full knowledge of the risks inherent in sport and of the risks involved in this activity, and that I have no knowledge of any physical impairment that would be affected by my participation. I assume any expenses I may incur in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. I give my consent for any emergency medical treatment that I might require as a result of my participation in this activity.
4. I represent and certify that my true age is at least 18 years old.

I have read this entire Agreement to Release and Indemnify the University, I fully understand it, and I agree to be legally bound by it.

Participant's Name (Please Print of Type) \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

**AGREEMENT TO RELEASE AND INDEMNIFY THE UNIVERSITY (minors – Participants under age 18)**

The Ohio State University's Buckeye Tang Soo Do has agreed to sponsor an event on the University's campus. In connection with that event, my child, \_\_\_\_\_, wishes to participate. Because his/her participation will involve risk of personal injury or damage to property, and in consideration for honoring my child's desire to participate in the event, I agree to the following, on behalf of my child, as conditions for participation in these instructional sessions:

1. In consideration of my child being granted the opportunity to participate in this activity, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge The Ohio State University, and its Board of Trustees, its respective entities, administrators, faculty members, employees, agents, and students from any and all claims that I ever had, now have or may claim to have (for myself or on behalf of my child) with regard to damages, demands, or any actions whatsoever, including those based on negligence, in any manner arising out of my child's participation in this activity. I also hereby agree to save, hold harmless, and indemnify The Ohio State University, its Board of Trustees, and/or its respective entities, administrators, faculty members, employees, agents, and students from and against any and all liability, losses, claims, demands, costs and expenses to which The Ohio State University may become subject by reason of my child's participation in this activity.
2. I agree to acquire, prior to participation in this activity and maintain in force during the period in which I will be engaged in this activity, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries my child may sustain as a result of this activity. Such insurance shall be through an insurance company authorized to do business within the State of Ohio.
3. I hereby attest and verify that I have full knowledge of the risks inherent in sport and of the risks involved in this activity, and that I have no knowledge of any physical impairment of my child that would be affected by my child's participation. I assume any expenses I may incur in the event of an accident, illness or other incapacity with respect to my child's participation in this activity, regardless of whether I have authorized such expenses. I hereby authorize the organizers of this activity to act for me according to their best judgment in any emergency requiring medical attention.
4. I give my consent for any emergency medical treatment that my child might require as a result of his or her participation in this activity.

I have read this entire Agreement to Release and Indemnify the University, I fully understand it, and I agree to be legally bound by it.

Parent or Legal Guardian's Name (Please Print or Type) \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_