

# 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 Lewis TOURNAMENT DEPT.  
Any questions please contact Tiffany Lewis at Ex: 2259 or Email [tlewis@ataonline.com](mailto:tlewis@ataonline.com)

[www.ataonline.com](http://www.ataonline.com)

P.O. Box 193010 Little Rock, AR 72219 501-568-2821 Fax 501-565-1188