



Taekoplan
ENTRY

FIRST NAME	
SURNAME	
AGE	YEARS DOB __/__/__
GRADE	9th KUP +/- DAN
SEX	
WEIGHT	Kg' s
DIVISION	
B. T. C. B No	
EXP DATE	
NAME OF TEAM	
INSTRUCTOR NAME	
INSTRUCTOR BTC No	BTC _ _ _ _ _ / _ _ EXP _ _ / _ _ _ _
CONTACT TEL	

B.T.C.B LICENCE

**ATTACH COPY
HERE**

PLEASE NOTE
ALL PLAYERS TO BRING
ORIGINAL LICENCE TO THE WEIGH
IN FOR VARIFICATION
NO LICENCE- NO ENTRY

DECLARATION

I hereby submit this application on the understanding that the above-named person is fit to take part in these Championships and the details provided are all correct to the best of my knowledge.

I also understand that no claim whatsoever will be made against any of the Organisers, coaches, players, officials or staff in the event of any injury or loss that might be sustained during or after this event.

Signed..... (Parent or Guardian for under 18' s)

The above signature provides the valid entry of the competitor only with a valid Licence and compliance with the rules and regulations of The World Taekwondo Federation.

Non compliance will result in disqualification

Instructors Signature..... (All Instructors to provide Insurance Certification)