



R.I.T.A ITF Ireland Cup 2017, Colour & Black Belt Tournament

NUI Galway Sports Centre, Galway

Saturday April 1st 2017

Individual Application Form

First Name: _____ Family Name: _____

Date of Birth: _____ Age: _____ Gender: _____ (Male / Female)

Taekwon-Do School: _____

Grade: _____ (Kup / Dan)

Sections to compete:

Height: _____ cm

Patterns YES / NO

Sparring YES / NO

Weight: _____ Kgs

Special Tech YES / NO

Power YES / NO

I confirm that all the information given is true and correct and I agree to abide by the tournament rules and accept the Chief Umpire's decision as final.

I confirm that I am fully insured to take part in this event and understand that the organising committee will not be responsible for any injury or loss for participants before, during, and after the Tournament howsoever arising.

I confirm that I can be given Medical/First Aid treatment if required and that I may be photographed and videoed at the event.

Signature: _____ (If under 18 Years Parents or Guardians signature)

Please return to your instructor to have your name included on the application form.