ITFA INTERNATIONAL OPEN CHAMPIONSHIPS
2013 APPLICATION FORM

YOUR NAME & DETAILS

You must fill in this form correctly to avoid disappointment. Please print clearly to prevent confusion.

First Name _____ *Surname* _____ *D.O.B.* _____

Sex: Male ☐ *Female* ☐ *TKD School* _____

Email _____

YOUR GRADE & EVENT SELECTION

I wish to enter:

Patterns ☐	*Belt Colour: Yellow* ☐	*Black Belt: 1st Dan* ☐
Sparring ☐	*Green* ☐	*2nd Dan* ☐
Power Test ☐	*Blue* ☐	*3rd Dan* ☐
Agility Technique ☐	*Red* ☐	*4th Dan* ☐
		5th Dan ☐
		6th Dan ☐

AGE GROUP AT THE DATE OF THE COMPETITION

Please check your height and weight accurately

Under 13 years ☐ *Below 125 cm* ☐ *Below 135cm* ☐ *Below 145cm* ☐
Below 155cm ☐ *>155cm* ☐

13 to 17 years ☐ *18 to 39 years* ☐ *Over 40 years* ☐

Weight _____ *Kg actual weight*

COMPETITOR DECLARATION

- I accept that my group may be amended or cancelled if there are insufficient competitors in my category.
- I will wear approved ITFA protection on my head, hands and feet in RED or BLUE ONLY and ensure the use of a gum shield and groin guard (all males). I will also wear a full white Dobok/Uniform to compete. ITF Doboks must not have instructor stripes.
- All ITFA Members will wear only ITFA approved Doboks
- I accept that late or incomplete entries may be rejected and that all applications are only accepted on the basis that the competition must be adequately funded. I agree there will be no refunds except if the event is cancelled.
- To comply with insurance requirements of this competition I confirm the following:
    - I will bring my current ITFA licence or evidence of my current membership to my club/organisation

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- I agree that I may be disqualified if any of the information on this form is found to be incorrect.
- I certify and confirm that I will accept all of the decisions of the Officials and that all of the above information is correct.
- I am aware and agree to photographs and short videos being taken by registered photographers during the competition.

Signed _____ **Parent Signature** _____ *(if under 18 years old)*

Contact Phone No _____ Licence No _____

INSTRUCTOR DECLARATION

I confirm that to the best of my knowledge all details on this form are correct. My up to date details are included for queries on this application. I acknowledge that any errors or omissions may result in this competitor being withdrawn

Instructors Name _____ *(Printed)* Signature _____

Address _____ Umpire _____

Phone No _____ Email _____ Association _____

Entry Fee AUS$60. Pay Online BSB: 012081 Account No: 438709452
Ref: ITFAOpenName e.g. For John Smith use ref "ITFAOpenJSmith"
Cheques made payable to 'ITFA'.

All entries/payments/medical consent forms to be received on or before 28th July 2013. All late entries will be rejected.

ALL ENTRIES TO: info@itfa.com.au or 15/53 Ocean Ave, Double Bay, NSW 2028, Australia.