



BRITISH TAEKWONDO COUNCIL EVENT REGISTRATION FORM

EVENT DETAILS			
Title:			
Venue:			
Date:		Entry Deadline:	
Where to send any correspondence:			

STUDENT DETAILS			
Division:			
Grade:			
FORENAME	SURNAME	Male / Female	DOB (dd/mm/yy)

EVENTS ENTERED	
SPARRING:	*Category: Weight Kg / Height Cm
Patterns:	
Special Tech:	
Power:	
Kids Flying Tech:	

CLUB NAME:	
INSTRUCTOR:	
TEL NO.	
EMAIL:	
LICENCE NO.	
Special Requirements:	

COMPETITOR DECLARATION
<ul style="list-style-type: none">I accept that my group may be amended or cancelled if there are insufficient competitors in my category.I will wear approved protection on my head, hands, feet & teeth also if male a groin guard. I will also wear a full Dobok / Uniform to compete.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.I am fully aware that participation in the event is entirely at my own risk and that I am responsible for arranging insurance for myself to provide suitable cover for any injuries or other problems that I may get as a result.I agree that I may be disqualified if any of the information on this form is found to be incorrect.As a licensed participant, I agree to be bound by the UK Anti-Doping Rules adopted by BTC as the NGB for Taekwondo in the UK and acknowledge and accept that the UK Anti-Doping Rules apply to all individuals participating in the sport for a minimum of 12 months from the commencement of the licence.In signing this form, all applicants have agreed they understand that event staff will be filming during the day which may be used for promotional purposes. <p><i>I certify & confirm that I will accept all the decisions of the Officials and that all the above information is correct.</i></p>

COMPETITOR APPROVAL	DATE
Signature:	
(If under 18 Parent or Guardian to sign on behalf)	

INSTRUCTOR APPROVAL	DATE
Signature:	