



Irish National Taekwon-Do Association
www.inta.ie

20th INTA Open International I.T.F.
Taekwon-Do Tournament



Competitor Application Form

(Franciscan College) Gormanston Park, Gormanston, Co. Meath

Saturday 9 March 2019 9:45 a.m. – All junior colour belts up to 13 years of age.

Sunday 10 March 2019 9:45 a.m. – All 14 years and older and all junior black belts.

First Name: _____ Family Name: _____

Date of Birth: _____ Age (on 9/3/2019): _____ Sex (M / F): _____

Rank: _____ KUP/DEGREE Height: _____ cm Weight: _____ kg

INTA Membership No: _____ ITF Certificate Number (Black Belts Only) _____

Name of Taekwon-Do School: _____

Association: _____

Instructor's Name: _____ Degree: _____

LIABILITY WAIVER/CONTRACT: I the undersigned, do hereby waive any and all claims against any and all persons and groups associated with this INTA Open Tournament, I agree to hold harmless, all persons and groups including the event organisers, Irish National Taekwon-Do Association, Gormanston Park and its representatives, all persons and groups associated with the INTA Open, for any injuries or damages sustained by me in connection with my participation at this event, whether accidental or intentional. I understand and am fully aware that I am participating in a contact sport and may in the normal course of events sustain an injury while competing. Therefore I assume full responsibility for all of my actions during and connected with this event. I also agree that my attendance and or performance may be photographed, filmed or taped and used by the promoter and its agents, I waiver any compensation thereof. I further agree to abide by ITF Anti-Doping Policy rules and agree to be tested if requested to do so. This document will form the basis of my contract with the Organiser and all its associates/servants/agents.

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

I confirm that I am physically fit to participate in this event.

Competitor's Signature: _____ Date: _____
(Parent/Guardian if competitor is under 18 years)

Instructor's Signature: _____ Date: _____

I wish to participate in (please tick (✓) clearly):

Patterns Sparring 40+ Black Belt Sparring Senior Black Belt Power

Note: Mouth guards, as well as fitting head, hand and foot pads are mandatory for sparring competition. All males must wear a groin guards during sparring. No exceptions will be made to these rules.

PLEASE RETURN THIS FORM WITH THE FEES TO YOUR INSTRUCTOR AS SOON AS POSSIBLE!

ALL CHEQUES AND POSTAL ORDERS HAVE TO BE MADE PAYABLE TO I.N.T.A.

Fees:	9th Kup	8th-1st Kup	I-VI degree
Junior	€10	€25	€25
Senior	€15	€30	€35