



Joon No's Taekwondo **LaJUST EIDSS** Sparring Open Championships Application Form

NAME	(FIRST, LAST)			
DATE OF BIRTH				
EMAIL				
CLUB				
GENDER	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
BELT	<input type="checkbox"/> YELLOW	<input type="checkbox"/> BLUE	<input type="checkbox"/> RED	<input type="checkbox"/> BLACK
AGE (As at 31 Dec 2010)	<input type="checkbox"/> 6 - 7	<input type="checkbox"/> 10 - 11	<input type="checkbox"/> 14 - 17	
	<input type="checkbox"/> 8 - 9	<input type="checkbox"/> 12 - 13	<input type="checkbox"/> SENIORS OPEN +15	
WEIGHT	<input type="checkbox"/> < 20	<input type="checkbox"/> 35 - 40	<input type="checkbox"/> 55 - 60	<input type="checkbox"/> 75 - 80
	<input type="checkbox"/> 20 - 25	<input type="checkbox"/> 40 - 45	<input type="checkbox"/> 60 - 65	<input type="checkbox"/> 80 - 85
	<input type="checkbox"/> 25 - 30	<input type="checkbox"/> 45 - 50	<input type="checkbox"/> 65 - 70	<input type="checkbox"/> >85
	<input type="checkbox"/> 30 - 35	<input type="checkbox"/> 50 - 55	<input type="checkbox"/> 70 - 75	
IMPORTANT NOTE : Due to hygiene requirements, all competitors must purchase own LaJUST sensor socks at \$60 per pair, available on competition day. Tick shoe size (US size) if need to purchase socks, or NA				
SHOE SIZE	<input type="checkbox"/> US 2	<input type="checkbox"/> US 6	<input type="checkbox"/> US 10	<input type="checkbox"/> NA
	<input type="checkbox"/> US 3	<input type="checkbox"/> US 7	<input type="checkbox"/> US 11	
	<input type="checkbox"/> US 4	<input type="checkbox"/> US 8	<input type="checkbox"/> US 12	
	<input type="checkbox"/> US 5	<input type="checkbox"/> US 9	<input type="checkbox"/> US 13	
EVENT	<input type="checkbox"/> SPARRING – One Event \$55			
	<input type="checkbox"/> SPARRING – Two Events \$75			
SPECTATORS FEES (pay at entrance)	Adult \$ 10 Child \$ 5 Family (2 Adults 3 Children) \$ 20			
Declaration				
I, the applicant, or parent or legal guardian of the applicant, hereby acknowledge and declare for myself, my heirs, executors and legal representatives that, in relation to : (STATE PLAYER FULL NAME): _____				
I have the following condition / allergy which could affect medical assessment or treatment _____				
In the event of any illness and/or accident, I hereby authorize and direct Joon No's Taekwondo (JNT) and/or its authorized representatives to seek and obtain all necessary medical and/or surgical treatment as may be required and I accept the responsibility for payment and/or reimbursement of all medical expenses incurred on my behalf by JNT.				
I undertake that I/the above player/s will observe and comply with all reasonable directions and decisions of JNT's officials and instructors.				
I hereby acknowledge that a condition of entry to the event is that I will indemnify and keep indemnified JNT, its committees, trustees, servants, agents, instructors or members against any liability arising from my participation in the event or from any pre-event training and preparation or other activity related to the event and from travel to and from the event or activities. I further confirm that I have current and valid insurance coverage from TA or STA.				
I understand that the above player/s cannot compete if they have been concussed within 30 days prior to this competition and hereby confirm that they have not been so concussed. I also confirm that, in the event that a concussion has occurred prior to that, medical clearance for participation has been obtained.				
I acknowledge that photographs / video may be taken during the competition by the organizers or other persons and that I may appear in those photographs. In the event that I appear in the photographs, I authorize JNT to use and authorize use of the photographs taken at this competition for promotional purposes, including publication on JNT websites. I will make no claim against JNT for any fee or royalty in relation to the use of the photographs.				
I, being the APPLICANT / PARENT / LEGAL GUARDIAN OF THE APPLICANT, hereby acknowledge and declare that I have read and fully understand the terms and conditions set out in the application and consent to be bound by such conditions.				
Signed _____ Applicant / Parent / Legal Guardian (Circle)				
Head Instructor _____ Signature _____ Date ____ / ____ / ____				