



Joon No's Taekwondo LaJUST Open Championships

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 2011)	<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 : 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"/> POOMSAE	<input type="checkbox"/> SPARRING JUNIOR	<input type="checkbox"/> 3-MAN TAG TEAM	
		<input type="checkbox"/> SPARRING SENIOR	<input type="checkbox"/> 5-MAN TAG TEAM	

3-MAN TAG TEAM : names 1. As above 2. _____ 3. _____	Indicate names if you are organizing your own team			
	<input type="checkbox"/> BLACK BELTS 14-17 & SENIORS	<input type="checkbox"/> BLACK BELTS 13 & UNDER	<input type="checkbox"/> COLOURED BELTS 14-17 & SENIORS	<input type="checkbox"/> COLOURED BELTS 13 & UNDER

5-MAN TAG TEAM : names 1. As above 2. _____ 3. _____ 4. _____ 5. _____	<input type="checkbox"/> BLACK BELTS 14-17 & SENIORS	<input type="checkbox"/> BLACK BELTS 13 & UNDER	<input type="checkbox"/> COLOURED BELTS 14-17 & SENIORS	<input type="checkbox"/> COLOURED BELTS 13 & UNDER
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FEES	<input type="checkbox"/> 1 EVENT \$60	<input type="checkbox"/> 3 EVENTS \$100	<input type="checkbox"/> 5 EVENTS \$140
	<input type="checkbox"/> 2 EVENTS \$80	<input type="checkbox"/> 4 EVENTS \$120	

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 ____ / ____ / ____