## **INDIVIDUAL ENTRY FORM (poomsae)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mark (X) on the appropriate boxes. | | | | | | | | | | | | | | | | | | | | | | | | |
| Division | U11 | | |  | U14 | | |  | | | U17 | | |  | U30 | | |  | U40 | | |  | U50 |  |
| U60 | | |  | U65 | | |  | | | O65 | | |  | O30 | | |  | --- | | |  | --- |  |
| Category | Individual | | | | | | |  | | | Pair | | | | | | |  | Group | | | | |  |
| Gender | | Male | | | | | |  | | Female | | | | | | | |  |  | Attach One Passport Size Photo | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | |
| District | |  | | | | | | | Affiliated Unit | | | | | | | |  | | |
| Date of Birth | |  | | | | | | Age | | | | |  | | Weight | | | |  |
| Parent / Guardian Name | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Current Belt Grade | |  | | | | | TFI ID No. | | | | |  | | | | WTF Certificate No. | | | | |  | | | |
| Xerox copy of TFI ID Card, WTF Certificate, Birth Certificate should be enclosed compulsorily | | | | | | | | | | | | | | | | | | | | | | | | |
| Academic Qualification | | |  | | | | | | | | | Name of College | | | |  | | | | | | | | |
| Name of Board / University | | |  | | | | | | | | | | | | | | | | | | | | | |

DECLARATION

I, the undersigned do hereby solemnly affirm, declare and confirm for myself, my heirs, executors & administrators that I indemnify the Promoters/ Organisers / Sponsors & its Members, Officials, Participants etc., holding myself personally responsible for all damages, injuries of accidents, claims, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event.

|  |  |  |
| --- | --- | --- |
| Signature of Parent / Guardian / Incharge of Affiliated Unit |  | Signature of Participant |

|  |
| --- |
| Signature of President / Secretary  District Association with stamp |