



COMPETITION APPLICATION FORM

NAME OF COMPETITION: **41st SMART NATIONAL TAEKWONDO CHAMPIONSHIPS**

NAME: <small>FIRST NAME M.I. LAST NAME</small>			NCC NUMBER:
TEAM:			INSTRUCTOR:
GENDER:	AGE:	BELT:	CONTACT NO.

TO BE FILLED BY INSTRUCTOR		TO BE FILLED BY WEIGH-IN OFFICIAL	
SKILL LEVEL:		HEIGHT (cms):	WEIGHT(kilos):
SIGNATURE OF INSTRUCTOR:		DIVISION:	CATEGORY:

CERTIFICATION AND WAIVER FORM

- I hereby certify that the above information is true and correct.
- I do hereby waive and release any and all rights and claims for damages against the competition officials, their respective agents, or any facility of this competition, from any and all injuries which may be sustained during this competition.

CONTESTANT'S SIGNATURE	PARENT'S / GUARDIAN'S NAME & SIGNATURE
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