

LA COUPE DAN DO Cup 2007



REGISTRATION FORM



Last Name:	First Name:
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Date of Birth:	DD	MM	YYY	Gender:	M	F	ATQ #
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City / Town:	Province:	Country:
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Club Name:
Master or Instructor's name:
Club's address:
Club's telephone:

PLEASE CIRCLE



Keup Level:	8	7	6	5	4	3	2	1
Division:	4		3		2		1	
Belt:	YELLOW		GREEN		BLUE		RED	

Age group (COLOR):

U7 2002-2001	U9 2000-1999	U11 1998-1997	U13 1996-1995	U15 1994-1993	U17 1992-1991	SENIOR 1990-1972	35+ 1971 & -
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Age group (BLACK):

POOM A 1991 - 94	POOM B 1995-97	POOM C 1998 AND BEFORE	SENIOR
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I, the undersigned, submit my registration for the present Taekwondo championship. I voluntary assume all the risks pertaining with my participation during this tournament. Furthermore, I extricate anybody associated with the organization from all responsibilities. What is more, I accept all decisions from the coach concerning the consolidations of divisions.

Athlete's signature:

Date: DD / MM / YYYY

Parent/Guardian's signature if under 18:

Date: DD / MM / YYYY

Master or Instructor's signature:

Date: DD / MM / YYYY

