

SINGAPORE TAEKWONDO FEDERATION

COACH SEMINAR 2017

REGISTRATION FORM

PERSONAL PARTICULARS

Name (as in NRIC)			
Email Address		NRIC No	
Telephone No	(hp)	(o)	(h)

QUALIFICATION

Grade	Dan	Date Obtained	
NCAP Level		Poomsae Coach Level	

CERTIFICATION

I declare that the information given in this form is true and complete. I understand if falsified information is submitted, application will be rescinded.	
Signature	Date

Disclaimer & Indemnity

I hereby declared that I shall not claim against the Singapore Taekwondo Federation and or any of its officers for any losses and liabilities suffered by me directly or indirectly and I hereby declared that I shall indemnified the Singapore Taekwondo Federation and or any of its officers against any claims losses liabilities suffered directly or indirectly as a result my participation in the activity.

Date	Signature	Contact Number
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Parental/Guardian Consent for Participant Below 21 Years of Age

I consent to the above named, who is my *child/ward to participate in the activity organized by the Singapore Taekwondo Federation. I hereby release the Singapore Taekwondo Federation and its agents from all liabilities that may arise in connection therein.

Name/Relationship to Participant	Signature/Date
NRIC No	(O) Telephone Numbers (Mobile)

* Please delete accordingly

ENDORSEMENT

Application supported by _____ (Name of Affiliate)	
_____ Date	_____ Signature of Authorized Officer