



ISF WORLD SCHOOLS TAEKWONDO POOMSAE VIRTUAL CHAMPIONSHIP 2020

VIDEO ENTRY FORM

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|-----------------|--|-------------|--|
| NAME: | | | |
| NAME OF SCHOOL: | | | |
| NATIONALITY: | | | |
| DATE OF BIRTH: | | CATEGORY: | |
| GENDER: | | BELT: | |
| CONTESTANT NO: | | INSTRUCTOR: | |

ATHLETE STATEMENT

I hereby certify that above information is true and correct. I will obey every rule and every valid regulation during the championship and also will not prosecute the organizing committee for any injuries which may be sustained during this activities. I also agree that this photograph, videos and other materials can be shared or published for Championship Purpose. My parents or legal guardians have read this and have given their consent by signing below.

ATHLETE'S SIGNATURE



PARENT'S/ LEGAL GUARDIAN'S NAME & SIGNATURE