

ITA Munster Open 2024 SETU Arena, Waterford Saturday February 10th at 11am Inclusive Taekwon-Do Section



Name:	Club:		
Date of birth: _	/ Age:	_	Male [] Female []
Grade:	Kup or		Dan
Please name the	pattern that you will do? _		
Adapted Sparring	Skills Section		
Please give a bri	ef explanation of your addition	onal needs and r	equirements below:
Instructors, plea	se write additional notes bel	ow:	
	Entry Fee €25 per competitor	Paid Yes /	⁷ No
agree to hold harmless, all Association, SETU Arena Varinjuries or damages sustain assume full responsibility f may be photographed, film IMAC Anti Doping Policy ru	PATRACT: aby waive any and all claims against any and persons and groups including the event promowaterford, and its representatives, all persons ned by me in connection with my participation for all of my actions during and connected with ed or taped and used by the promoter and its aules and agree to be tested by the Sport Irelation and the Organiser/Promoter and all its associated with the Organiser/Promote	ter and organisers, Irish Ta s and groups associated wan at this event, whether a th this event. I agree that agents, I waiver any compound Anti-Doping Unit if req	nekwon-Do with the ITA Munster Open, for an ccidental or intentional. Therefore my attendance and or performance ensation thereof. I agree to abide b
	mittee will only use information gathered in reafter that period.		Open. This form will be stored for 1
If you have any questions i	regarding the above please consult your instruc	ctor, who will be happy to a	idvise you.
Signature of parent/g	uardian (if under 18):		
Competitor Signature	:		
Instructor Signature	(I hereby verify all information is co	orrect)	
Completed entry form	ns must be emailed to patbarrytkd@gn	mail.com by Friday 2	r nd February 2024 . This
copy must be given to	o the ITA Tournament Administrator or	n the day of the event	

For full information please read the official invitation and info pack on www.taekwondo.ie

