11th TAMIL NADU STATE POOMSAE TAEKWONDO CHAMPIONSHIP – 2023

Competition Date 29th June to 02nd July - 2023 Venue: Central University – Thiruvarur, Thiruvarur District

ORGANISED BY: SPORTS TAEKWONDO ASSOCIATION OF THIRUVARUR PROMOTED BY: TAMIL NADU TAEKWONDO ASSOCIATION

Regd Office:No 9,Dr.Ranga Road, Mylapore, Chennai – 600 004 Contact Address : 646/4, Govindasamy Street, Vanniyar Nagar, Periyapudur, Salem - 636016

UNDER 11 Years	INDIVIDUAL ENTRY FORM POOMSAE UNDER 14 Years UNDER 17 Years	UNDER 30 Years
UNDER 40 Years	UNDER 50 Years UNDER 60 Years UNI	OER 65 Years OVER 65 Y
Gender	:MALE FEMALE	
Name of The District	:	
NAME (in capital letter)	:	
Date of Birth	:AGE	
Parent / guardian name	:	
Name of the club	:	
Address with Mobile No	:	
Present belt grade	:	
Copy of corporation / munic	cipal / school date of birth certified should be enclosed	sed compulsory.
DECLARATION		
& administrators that I inde etc., holding myself person	o hereby solemnly affirm, declared and confirm formnity the promoters / organiser / sponsors & its monally responsible for all damages, injuries of accusts, whatsoever related to the above set forth event.	embers, officials, participants
Signature of the Parent / Guardian		Signature of the Participant

Signature of the President / Secretary, District Taekwondo Association/Organization with Seal

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PAIR POOMSAE ENTRY FORM UNDER 11 Years UNDER 14 Years UNDER 17 Years **UNDER 30 Years OVER 30 Years** Name of The District Name of the club Male Name Of the Male Player :_____ Player **Passport** Date of Birth size photo Present Belt Grade Female Name Of the Female Player: Player Date of Birth **Passport** size Photo Present Belt Grade Address Copy of corporation / municipal / school date of birth certified should be enclosed compulsory. **DECLARATION** I, the undersigned do hereby solemnly affirm, declared and confirm for myself, my heirs, executors & administrators that I indemnity the promoters / organiser / sponsors & its members, officials, participants etc., holding myself personally responsible for all damages, injuries of accidents, clams, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event. Signature of the Participant Signature of the Parent / Guardian

Signature of the President / Secretary, District Taekwondo Association/Organization with Seal

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GROUP POOMSAE ENTRY FORM UNDER 11 Years UNDER 14 Years **UNDER 17 Years** UNDER 30 Years **OVER 30 Years** Gender :MALE **FEMALE** Name of The District Name of the club Name Of the Player Date of Birth Present Belt Grade Name Of the Player Date of Birth Present Belt Grade Name Of the Player Date of Birth Present Belt Grade Copy of corporation / municipal / school date of birth certified should be enclosed compulsory. **DECLARATION** I, the undersigned do hereby solemnly affirm, declared and confirm for myself, my heirs, executors & administrators that I indemnity the promoters / organiser / sponsors & its members, officials, participants etc., holding myself personally responsible for all damages, injuries of accidents, clams, demands etc., waiving all prerogative rights, whatsoever related to the above set forth event. Signature of the Parent / Guardian Signature of the Participant