

## SINGAPORE TAEKWONDO FEDERATION FORM B

For 1st Geup (Senior & Junior) 1st Dan & Above

## Instructions

- 1 This form must be completed in duplicate and submitted to the Secretariat during registration days.
- 2 ALL sections should be completed and information provided will be treated as stricty confidential.
- 3 The information should be typed or written legibly. For items which are not applicable, please state "N.A".
- 4 The norminal grading fee and two passport-sized photographs of the applicant must accompany this application.
- 5 The Singapore Taekwondo Federation will not accept any submissions which do not strictly comply with the instruction on this form.

A Anni	lication Information							
A. Appi	leation information							
1	Application For Promotion Test C	On	For				C.G	
2	Promotion Test For Grade			Dan				
3	Promotion Test For Grade		Р	Poom				
4	Date Passed For *P1 / P2 :			(Applicable for P2 / P3 application )				
5	Current Grade	Date Obtained						
Affilia	ate / Club :			ALT-TIL				
D A1	ication Particulars							
*Last 4 a	e (As in NRIC or Passport. Please name ) :  alphanumeric NRIC/FIN:  hip :	enter in block letters & U * Mr / Miss / N  * Mr / Female		Name (if appl Date of Age :		se Char	acter	
		I						
Home N	0. :	Mobile No. :			Office N	lo.:		
C. Certifi	ication by Applicant's Coach / Instru	uctor						
I, (Name) of the abovementioned affiliate hereby certifies that the abovementioned applicant is eligible for grading.								
Sig	gnature of Coach / Instructor		,			Date		
						24.0		

D. Medical History							
Any past illness(es) / operation(s)? (If yes	places give details):						
past liness(es) / operation(s): (if yes	, please give details).						
			* Yes / No				
			indi escandina Meca				
Are you on constant medication / any spec	cial medication? (If yes, please give	details):					
			4.17 / / / / /				
			* Yes / No				
Any deug alleraises? (If use places also	1-il-V:						
Any drug allergies? (If yes, please give de	talls):						
			* Yes / No				
			1637140				
E Dealerstine and lader 16 to 16	11.11.4.11.4						
E. Declaration and Indemnity (to be cor	npleted by Applicant )						
I declare that :							
1 All the information stated in this a	application is accurate and true to th	e best of my knowledge					
CONTROL OF THE PARTY OF T							
	ccurate data or wilful omission of in						
2 invalid. The Federation and the	Grading Department reserves the rig	ght to withdraw or termin	nate my				
application at any stage should false and inaccurate information been provided.							
3 I will abide by the rules and regul	ations of the Singapore Taekwondo	Federation during the g	rading.				
	I will be taking the grading at my ow						
4 the Federation, the Grading Depart	artment or anyone so concerned, re-	sponsible for any injurie	s, accidents				
or mishaps that may befall on me	during the course of the grading.						
150 1551							
In addition, I authorise the Feder	ation and the Grading Department to	o obtain further informat	ion in relation				
to my application where necessa	ry.						
Signature of Applicant	Signature of Applicant Date						
l signalar on pp.							
F. Indemnity (to be complete by Parent	Guardian for Applicant below 21	l years of age)					
I, (Name)consent my *son / daughter / ward (Name	(Last 4 alphanumeric NRIC/FIN)	hereby ackno	wledge and				
concept my *con / daughter / ward (Name	(Last	4 alphanumeric NRIC/F	IN)				
consent my son / daughter / ward (Name	Last	4 alphanument (4) (10)	,				
to take the grading to be conducted by Sin	gapore Taekwondo Federation.						
I do hereby fully understand that my *son /	daughter / ward will be taking the g	rading at *his / her own	risk				
and therefore, I will not hold the Federation	n, the Grading Department or anyon	e so concerned, respon	sible for				
any injuries, accidents or mishaps that ma							
any injuries, accidents of mishaps that ma	y belan of Time Their daring the cod	roo or the grading.					
	_						
Signature of *Parent / Guardian Date							
The second secon							
C Nort Of Kin Bootlevilers							
G. Next-Of-Kin Particulars		D !!! ' .					
Name (As in NRIC):		Realtionship:					
Home Address :							
	I	000					
Home No.	Mobile No. :	Office No.:					