SINGAPORE TAEKWONDO FEDERATION ATHLETE'S UNDERTAKING

l, _____

(Last 4 digit of NRIC No.____)

of (Name of Dojang) _____

I declare that the information given is true, correct and complete. In the event, that the declaration is false, I may be sanctioned by the relevant authorities.

Date

Signature

Disclaimer & Indemnity

I hereby declare that I shall not claim against the Singapore Taekwondo Federation/SNOC and or any of its officers for any losses and liabilities suffered by me directly or indirectly and I hereby declare that I shall indemnify the Singapore Taekwondo Federation/SNOC and or any of its officers against any claims losses liabilities suffered directly or indirectly as a result of the **Open Selection Trials** held on 12 & 13 November 2022 (Saturday & Sunday) or any adjournment thereof at the venue of the selection trial.

Date

Signature

Contact Number

Parental/Guardian Consent for Player Below 21 Years of Age

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

Name/Relationship to Player	Signature/Date
Last four digits of NRIC No.	(O)(Mobile) Telephone Numbers

Vaccination Status	
I consent that I am fully vaccinated according to MOH requirements. I agree to show proof of vaccination upon request by the Singapore Taekwondo Federation. Athletes certified to be ineligible for vaccination will have to attach a doctor's note together with the application form.	
Name of Player	Date of last dose (state which dose)

*Please delete accordingly