

Waein Cup Open Championship Singapore 2024 12, 13 and 14 January 2024

To: Organising Committee, Waein Cup Open Championship Singapore 2024 On behalf of _____ (name of club/affiliate) ______, I submit the attached entry forms and confirm (name of country/MNA) that the players are all members of the above club/affiliate. Name of Team Manager: Signature: Official Stamp: Date:



Waein Cup Open Championship Singapore 2024 12, 13 and 14 January 2024

FORM I – INDIVIDUAL (POOMSAE) – MALE

Name of Affiliate/Club:	
Name of Team Manager:	
Mobile No./Email:	

Please circle				
Division	Young Junior	Cadet	Junior	Senior
Age	9 – 11	12 – 14	15 – 17	18 – 30

#	Name				Cate	gory (P	lease	tick)			
#	Name	Y8	Y7	G6	G5	B4	В3	R2	R1	Р	D



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FORM II – INDIVIDUAL (POOMSAE) – FEMALE

Name of Affiliate/Club:	
Name of Team Manager:	
Mobile No./Email:	

Please circle				
Division	Young Junior	Cadet	Junior	Senior
Age	9 – 11	12 – 14	15 – 17	18 – 30

ш.	Nama				Cate	gory (P	lease	tick)			
#	Name	Y8	Y7	G6	G5	B4	В3	R2	R1	Р	D
1											ĺ



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FORM III – MIXED PAIR (POOMSAE) – 1 MALE & 1 FEMALE

Name of Affiliate/Club:	
Name of Team Manager:	
Mobile No./Email:	

Please circle				
Division	Young Junior	Cadet	Junior	Senior
Age	9 – 11	12 – 14	15 – 17	18 – 30

ш	Nome				Cate	gory (F	lease	tick)				
#	Name	Y8	Y7	G6	G5	B4	В3	R2	R1	Р	D	
		-										
		-										



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FORM IV – TEAM (POOMSAE) – MALE

Name of Affiliate/Club:	
Name of Team Manager:	
Mobile No./Email:	

Please circle				
Division	Young Junior	Cadet	Junior	Senior
Age	9 – 11	12 – 14	15 – 17	18 – 30

	Nama				Cate	gory (P	lease	tick)			
#	Name	Y8	Y7	G6	G5	B4	В3	R2	R1	Р	D
		-									
		<u> </u>									



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FORM V – TEAM (POOMSAE) – FEMALE

Name of Affiliate/Club:	
Name of Team Manager:	
Mobile No./Email:	

			Please circle
Senior	Junior	Young Junior	Division
18 – 30	15 – 17	9 – 11	Age
7	15 – 1	9 – 11	Age

ш.	Nome	Name Category (Please tick)									
#	Name	Y8	Y7	G6	G5	B4	В3	R2	R1	Р	D
		_									
		-									
		-									
		_									
]									



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FORM VI – REGISTRATION FORM (POOMSAE) - to be completed by all participants

Name of Affiliate/Club:			
Name of Participant:			Please affix photograph here
Mobile No./Email:			
Age (as of 1 January 2024):		Year of Birth:	
Grade (as of 31 October 2023):		Gender:	
Name of Emergency Contact:		Mobile No. of Emergency Contact:	
Name of Coach:		Mobile No.:	
	•	s of the tournament and v amage or loss sustained as	
Signature			Date
I hereby consent to all the	e participation of the abor onship Singapore 2024. I l	articipants Below 21 Years we-named applicant, who in the reby release the Organis fron the rein.	s my *child/ward, in the
Name:		Signature:	
Relationship:		Mobile No.:	
			



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FORM VII – REGISTRATION FORM (KYORUGI) – YOUNG JUNIOR (9 to 11 YEARS OLD)

		1					
Name of Affili	ate/Club:						
Name of Parti	cipant:					Please affix photog	raph
						here	
Mobile No./Er	mail:						
Age (as of 1	lanuary			Yea	r of Birth:		
2024):	40.1						
Grade (as of 3	1 October			Ger	nder:		
2023): Name of Eme	rgency			Mo	bile No. of		
Contact:	igency			1	ergency Contact:		
Name of Coac	:h:			Mo	bile No.:		
DIVISION	MALE		DIVISIO	N	FEMALE		
BELT	RED (1/2)		BELT		RED (1/2)	Actual Weigh	ıt
	POOM (1,	/2/3/4)			POOM (1/2/3/4)		
Under 24kg	21kg - 23.	.9kg	Under 2	4kg	21kg - 23.9kg	(Must Fill In)	
Under 27kg	24kg – 26	.9kg	Under 2	7kg	24kg – 26.9kg		
Under 30kg	27kg – 29	.9kg	Under 3	0kg	27kg – 29.9kg		
Under 33kg	30kg – 32	.9kg	Under 3	3kg	30kg – 32.9kg		
Under 36kg	33kg – 35	.9kg	Under 36kg	33kg – 35.9kg			
Under 39kg	36kg – 38	.9kg	Under 3	9kg	36kg – 38.9kg		
Under 42kg	39kg – 41	.9kg	Under 4	2kg	39kg – 41.9kg		
Under 45kg	42kg – 44	.9kg	Under 4	5kg	42kg – 44.9kg		
Under 48kg	45kg – 47	.9kg	Under 4	8kg	45kg – 47.9kg		
Under 51kg	48kg – 50	.9kg	Under 5	1kg	48kg – 50.9kg		
Under 54kg	51kg – 53	.9kg	Under 5	4kg	51kg – 53.9kg		
Under 57kg	54kg – 56	.9kg	Under 5	7kg	54kg – 56.9kg		
Under 60kg	57kg – 59	.9kg	Under 6	0kg	57kg – 59.9kg	Signature of	:
Under 63kg	60kg – 62	.9kg	Under 6	3kg	60kg – 62.9kg	Participant	
Over 63kg	63kg – 66	kg	Over 63	kg	63kg – 66kg		
					pants Below 21 Yea		
•						is my *child/ward, in	
	•		•			ising Committee and	its
agents from a	II liabilities	that may arı	se in connect	ion tr	nerein.		
Name:				Sigr	nature:		
Relationship:				Мо	bile No.:		
·							



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FORM VIII – REGISTRATION FORM (KYORUGI) – CADET (12 to 14 YEARS OLD)

Name of Affilia	ate/Club:							
Name of Participant:						Plea	se affix photograph here	
Mobile No./Er	nail:							
Age (as of 1 J 2024):	anuary				Yea	r of Birth:		
Grade (as of 3 2023):	1 October				Ger	ider:		
Name of Emer Contact:	gency					bile No. of ergency Contact:		(Mobile)
Name of Coac	h:				Мо	bile No.:		(Mobile)
DIVISION	MALE			DIVISIO	N	FEMALE		
BELT	RED (1/2)			BELT		RED (1/2)		Actual Weight
	POOM (1,	(2/3/4)				POOM (1/2/3/4)		riotaia. rro.ge
Under 33kg	29kg – 32			Under 2	9kg	25kg – 28.9kg		/ N A
Under 37kg	33kg – 36			Under 3		29kg – 32.9kg		(Must Fill In)
Under 41kg	37kg – 40			Under 3		33kg – 36.9kg		
Under 45kg	41kg – 44			Under 4		37kg – 40.9kg		
Under 48kg	45kg – 47			Under 4	_	41kg – 43.9kg		
Under 54kg	48kg – 53			Under 4		44kg – 46.9kg		
Under 57kg	54kg – 56			Under 5		47kg – 50.9kg		
Under 60kg	57kg – 59			Under 5		51kg – 54.9kg		
Under 63kg	60kg – 62			Under 5		55kg – 58.9kg		
Over 63kg	63kg – 66			Over 59		59kg – 63kg		
								Signature of Participant
						pants Below 21 Yea		
•	en Champi	onship S	ingapor	e 2024. I l	nereb	med applicant, who by release the Organ berein	•	·
Name:		,				nature:		
Relationship:					Мо	bile No.:		



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FORM IX – REGISTRATION FORM (KYORUGI) – JUNIOR (15 to 17 YEARS OLD)

Name of Affilia	ate/Club:							
Name of Participant:							Plea	se affix photograph here
Mobile No./Er	nail:							
Age (as of 1 J 2024):	anuary				Yea	r of Birth:		
Grade (as of 3 2023):	1 October				Gei	nder:		
Name of Emer Contact:	gency					bile No. of ergency Contact:		(Mobile)
Name of Coac	h:				Мо	bile No.:		(Mobile)
DIVISION	MALE			DIVIS	SION	FEMALE		
BELT	RED (1/2)			BELT		RED (1/2)		Actual Weight
	DAN (1/2)					DAN (1/2)		
Under 45kg	42kg – 44			Unde	er 42kg	40kg – 41.9kg		(Must Fill In)
Under 48kg	45kg – 47	_			er 44g	42kg – 43.9kg		(IVIUST FIII III)
Under 51kg	48kg – 50				er 46kg	44kg – 45.9kg		
Under 55kg	51kg – 54				er 49kg	46kg – 48.9kg		
Under 59kg	55kg – 58				er 52kg	49kg – 51.9kg		
Under 63kg	59kg – 62				er 55kg	52kg – 54.9kg		
Under 68kg	63kg – 67				er 59kg	55kg – 58.9kg		
Under 73kg	68kg – 72			Unde	er 63kg	59kg – 62.9kg		
Under 78kg	73kg – 77	.9kg		Unde	er 68kg	63kg – 67.9kg		
Over 78kg	78kg – 83	kg		Over	68kg	68kg – 72kg		
							_	Signature of Participant
Waein Cup Op agents from al	ent to all the en Champi	e particip onship S	ation ingapo	of the a	above-na 1. I here ection tl		o is my	*child/ward, in the
Name:					_	nature:		
Relationship:					Mo	bile No.:		



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FORM X - REGISTRATION FORM (KYORUGI) - SENIOR (18 to 30 YEARS OLD)

•				,,,,,		, 52		012,
Name of Affilia	ate/Club:							
Name of Parti	cipant:						Plea	se affix photograph here
Mobile No./Er	nail:							
Age (as of 1 J 2024):	anuary				Yea	r of Birth:		
Grade (as of 3 2023):	1 October				Ger	nder:		
Name of Emer Contact:	rgency					bile No. of ergency Contact:		(Mobile)
Name of Coac	h:				Мо	bile No.:		(Mobile)
5 N # S 1 O M				50,46161		55,4415		
DIVISION	MALE			DIVISIO	N	FEMALE		
BELT	RED (1/2)			BELT		RED (1/2) DAN (1/2/3/4/5)		Actual Weight
Under 54kg	DAN (1/2) 50kg – 53	-		Under 4	6ka	44kg – 45.9kg		
Under 58kg	54kg – 57			Under 4		46kg – 48.9kg		(Must Fill In)
Under 63kg	58kg – 62			Under 5		49kg – 52.9kg		
Under 68kg	63kg – 67			Under 5		53kg – 56.9kg		
Under 74kg	68kg – 73			Under 6		57kg – 61.9kg		
Under 80kg	74kg – 79		-	Under 6		62kg – 66.9kg		
Under 87kg	80kg – 86			Under 7		67kg – 72.9kg		
Over 87kg	87kg – 92			Over 73		73kg – 78kg		
							_	
								Signature of Participant
•	ent to all the en Champi	e participat onship Sing	on o	of the above e 2024. I l	ve-na nerek on th Sigr	pants Below 21 Yea amed applicant, who by release the Organ herein. hature: bile No.:	is my	*child/ward, in the



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FORM XI - REGISTRATION FORM (TEAM OF 3 - KYORUGI) - YOUNG JUNIOR (9 to 11 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
MALE	– POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
FEMAI	LE – POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
		-	



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FORM XII - REGISTRATION FORM (TEAM OF 3 - KYORUGI) - CADET (12 to 14 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
MALE	– POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
FEMA	LE – POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
			·



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FORM XIII - REGISTRATION FORM (TEAM OF 3 - KYORUGI) - JUNIOR (15 to 17 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
MALE	– DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
FEMAI	LE – DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			



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FORM XIV - REGISTRATION FORM (TEAM OF 3 - KYORUGI) - SENIOR (18 to 30 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
MALE	– DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
	LE – DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			



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FORM XV – REGISTRATION FORM (TEAM OF 5 – KYORUGI) – YOUNG JUNIOR (9 to 11 YEARS OLD)

of Affiliate/Club:	
of Coach:	
of Team	
ger:	
20014 2517	
	Maight
Name of Participant	Weight
	T
Name of Participant	Weight
•	of Coach:



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FORM XVI – REGISTRATION FORM (TEAM OF 5 – KYORUGI) – CADET (12 to 14 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
	– POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
4			
5			
FEMAI	LE – POOM BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
4			
5			



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FORM XVII - REGISTRATION FORM (TEAM OF 5 - KYORUGI) -JUNIOR (15 to 17 YEARS OLD)

Name	of Affiliate/Club:	
Name	of Coach:	
Name	of Team	
Manag	ger:	
MALE	– DAN BELT	
No.	Name of Participant	Weight
1		
2		
3		
4		
5		
	E – DAN BELT	
No.	Name of Participant	Weight
1		
2		
3		
4		
5		



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FORM XVIII - REGISTRATION FORM (TEAM OF 5 - KYORUGI) - SENIOR (18 to 30 YEARS OLD)

Name	of Affiliate/Club:		
Name	of Coach:		
Name	of Team		
Manag	ger:		
MALE	– DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
4			
5			
	LE – DAN BELT		
No.	Name of Participa	nt	Weight
1			
2			
3			
4			
5			



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FORM XIX – REGISTRATION FORM (INDIVIDUAL) – LOCAL COACH

Name of Affiliate/Club:		
MNA:		Please affix photograph
Name of Coach:		here
Mobile No./Email:		-
STF Coach Pass No.:	Gender:	
Class (Poomsae):	Class (Kyorugi):	
Name of Emergency Contact:	Mobile No. of Emergency Contact:	(Mobile)
COACH'S UNDERTAKING I hereby agree to abide by the rules and regulations of the tournament. I will uphold good sportsmanship and understand that any misconduct on my part may result in removal from the tournament and disqualification of my team. I will be responsible for the good conduct and discipline of my team. I will hold myself solely responsible for any injury, damage of loss sustained as a result of my participation in this tournament and undertakes to indemnify and keep indemnified the organising committee of the tournament against all claims arising out of injury, damage or loss suffered of caused in the course of the participation in the tournament.		
Name:	Signature:	
	Date:	



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FORM XX – REGISTRATION FORM (INDIVIDUAL) – INTERNATIONAL COACH

Name of Affiliate/Club:		
MNA:		Please affix photograph
Name of Coach:		here
Email:		
Mobile No.:	Gender:	
Coach Qualifications:	Issued By:	
Name of Emergency Contact:	Mobile No. of Emergency Contact:	(Mobile)
COACH'S UNDERTAKING I hereby agree to abide by the rules and regulations of the tournament. I will uphold good sportsmanship and understand that any misconduct on my part may result in removal from the tournament and disqualification of my team. I will be responsible for the good conduct and discipline of my team. I will hold myself solely responsible for any injury, damage of loss sustained as a result of my participation in this tournament and undertakes to indemnify and keep indemnified the organising committee of the tournament against all claims arising out of injury, damage or loss suffered of caused in the course of the participation in the tournament.		
Name:	Signature:	
	Date:	



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FORM XXI – REGISTRATION FORM (INDIVIDUAL) – LOCAL REFEREE

Name of Affiliate/Club:			
MNA:			Please affix photograph
Name of Referee:			here
Email:			
Mobile No.:		Gender:	
Poomsae Referee Class:		Kyorugi Referee Class:	
Date of Poomsae Referee Course/Refresher:		Date of Kyorugi Referee Course/Refresher:	
	Decla	ration	
sources (including third p purposes of assessing my Singapore 2024. I declare that all the infor and that I have not wilfull I accept that if any of the my application may be re	arties) as may be deemed application for being a remation given by me in this ly suppressed any material information given by me jected.	to obtain and verify informal appropriate by the relevant feree at the Waein Cup Open application is true to the fact. In this application is in any age of loss sustained as a second control of the fact.	ent agency for the open Championship best of my knowledge way false or incorrect,
in this tournament and ur	ndertakes to indemnify ar Il claims arising out of inju	nd keep indemnified the our ury, damage or loss suffere	rganising committee of
By signing below, I hereby agree to all of them.	/ certify that I have read a	nd understood all of the c	lauses above and that I
Name:		Signature:	
		Date:	



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FORM XXII – REGISTRATION FORM (INDIVIDUAL) – INTERNATIONAL REFEREE

MNA:			
Name of Referee:			Please affix photograph
Email:			here
Mobile No.:			
Poomsae International		Kyorugi International	
Referee No.:		Referee No.:	
Poomsae International		Kyorugi International	
Referee Class:		Referee Class:	
Place & Date of Last		Place & Date of Last	
Poomsae Seminar		Kyorugi Seminar	
Attended:		Attended:	
		ration	
sources (including third pa	arties) as may be deeme	to obtain and verify inform d appropriate by the releva eferee at the Waein Cup Op	nnt agency for the
I declare that all the infor and that I have not wilfull		is application is true to the al fact.	best of my knowledge
I accept that if any of the my application may be rej	- ·	in this application is in any	way false or incorrect,
in this tournament and ur	ndertakes to indemnify all claims arising out of inj	nage of loss sustained as a indicate and a land as a indicate of the or and a land and a land as	rganising committee of
By signing below, I hereby agree to all of them.	certify that I have read a	and understood all of the c	lauses above and that I
Name:		Signature:	
		Date:	



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FORM XXIII - INDEMNITY FORM (INDIVIDUAL) - ALL PARTICIPANTS

I, the undersigned, hereby acknowledge and agree to participate in the 1st Waein Cup Open Championship Singapore 2024, organised by United Taekwondo Team Waein, which will take place on 12, 13 and 14 January 2024 at Our Tampines Hub – Community Auditorium.

I understand and acknowledge that the participation in this sports activity carries inherent risks, including but not limited to physical injuries, accidents, or property damage. I voluntarily choose to participate in this activity with full awareness of these risks.

Assumption of Risk: I acknowledge that I have been informed of the risks associated with this sports activity. I understand that despite all reasonable safety precautions taken by the organizers, accidents and injuries can occur. I voluntarily assume all risks, known and unknown, associated with my participation in this activity. Release and Indemnification: In consideration of being allowed to participate in this sports activity, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and indemnify United Taekwondo Team Waein, its officers, directors, employees, volunteers, and agents from any and all claims, actions, demands, expenses, and liabilities, whether at law or in equity, arising out of or related to my participation in this sports activity, including but not limited to personal injury, property damage, or any other loss.

I understand that this release and indemnification include any claims based on negligence, action, or inaction of United Taekwondo Team Waein, its officers, directors, employees, volunteers, and agents.

Medical Consent: I authorize the organizers to seek medical treatment or emergency medical care on my behalf if deemed necessary. I understand that I will be responsible for any medical expenses incurred.

Photographic Release: I grant United Taekwondo Team Waein permission to use photographs, video recordings, or other media of me taken during the sports activity for promotional or informational purposes.

Acknowledgment of Understanding: I have carefully read and fully understand the terms of this Sports Indemnity Form. I am aware that by signing this form, I am waiving certain legal rights, including the right to sue. I sign this document voluntarily and without any undue influence.

	Participant's Signature:	
Participant's Name	Date:	
	Parent/Guardian's Signature:	
Parent/Guardian's Name, if participant is under 21	Date:	
	Team Manager's Signature:	
Team Manager's Name	Date:	



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REFERENCES

Y8: 8th Geup (Yellow belt)

Y7: 7th Geup (Yellow belt with green tip)

G6: 6th Geup (Green belt)

G5: 5th Geup (Green belt with blue tip)

B4: 4th Geup (Blue belt)

B3: 3rd Geup (Blue belt with red tip)

R2: 2nd Geup (Red belt)

R1: 1st Geup (Red belt with black tip)
P: Poom belt (1st, 2nd, 3rd or 4th Poom)
D: Dan belt (1st, 2nd, 3rd, 4th,5th or 6th Dan)

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INSTRUCTIONS – TEAM MANAGER

Complete All Required Fields: All fields are mandatory. Ensure that you fill out all these fields to

avoid delays in processing your application.

Check for Accuracy: Double-check all the information you provide to ensure its accuracy.

Any errors or discrepancies may lead to processing delays or

complications.

Use Capital Letters: If applicable, use capital letters for your name and address. This can

help prevent errors in data entry.

Date Format: When entering dates, please use the format [DD/MM/YYYY].

Proof of Rank (Local): Acceptable proofs of rank are STF grading card, Dan and Poom

certificates.

Documentary proof must be sent via email for verification during

registration.

Proof of Rank (International): Acceptable proofs of rank are Dan and Poom certificates, grading

passports and Geup certificates.

Documentary proof must be sent via email for verification before

registration closes.

Proof of Age: All participants age must be verified by the Team Coach or Manager

on their respective Competitor's Registration Form (Poomsae or

Kyorugi)

Signature: If a signature is required, sign the form in the designated area using

your full legal signature. Electronic signature is also acceptable.

Review Before Submission: Carefully review the completed form and all attached documents

before submission to confirm that all required information is

provided.

Submission Deadline: The submission deadline is 01 December 2023, 10:00 PM (SGT).

Late submissions may not be accepted.

Submission Method: All entries must be submitted online via email to

waeincup@johantaekwondo.com.

Payment (Local): Local payment must be paid in case or Paynow.

Payment (International): International payment may be paid through PayPal or any other

forms of payment approved during registration. Please email waeincup@johantaekwondo.com for other forms of payment

methods.

Payment Refunds: Fees paid will not be refunded under any circumstances.

Proof of Payment: It is essential to retain copies of these documents. Please email

waeincup@johantaekwondo.com your proof of payment for your confirmation of participation within one (1) week of payment.

Please be advised that the OC maintain a strict policy of integrity and fair play. Any attempt to falsify information, including but not limited to player qualifications, team records, or any other relevant details, may result in the immediate disqualification of the player or team involved. We believe in the spirit of honest competition and expect all participants to uphold the highest standards of integrity throughout the event. Your cooperation in this regard is greatly appreciated.