SINGAPORE TAEKWONDO FEDERATION

REGISTRATION FORM

Course Title	

QUALIFICATION

Grade	Dan/Poom	Date Obtained	Certificate No
Issued By	☐ Singapore Taekwondo Federation (STF) ☐ Others (please specify _____) *A copy of the certificate must be attached to the application form.*		

PERSONAL PARTICULARS

Name (as in NRIC)	*Mr/Miss/Mdm/Mrs		
Address	S( )		
Email Address		NRIC No	
Telephone No	(hp) (o) (h)		
Date of Birth		Sex	
Nationality	*Singapore Citizen / Permanent Resident / Others (_____)		

CERTIFICATION

I declare that the information given in this form is true and complete. I understand if falsified information is submitted, application will be rescinded.	
Signature	Date

Disclaimer & Indemnity

The STF reserves the right to cancel or postpone the course at its discretion. The STF, its servants and agents, will not be held responsible for any claims arising out of any death, injury, damage or loss, suffered or caused while attending the course. This includes all costs and expenses incurred as a result of such claims.

Date	Signature	Contact Number

Parental/Guardian Consent for Participant Below 21 Years of Age

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

Name/Relationship to Participant	Signature/Date
NRIC No	(O) (Mobile) Telephone Numbers

ENDORSEMENT

Application supported by _____
(Name of Affiliate)

_____ _____
Date Signature of Authorised Officer
& Official Stamp of Affiliate

Payment (For Official Use Only)

Cash/+Cheque No _____ Amount _____ Receipt No _____

Incomplete application form will not be accepted

** Please delete accordingly*
*+ All cheques must be crossed and made payable to the "**SINGAPORE TAEKWONDO FEDERATION**"*