

WTF ATHLETE LICENSE–APPLICATION FORM



FORM TO SEND TO WTF - licence@wtf.org - FAX +41 21 601 59 83

WTF European office – Maison du Sport International, Avenue de Rhodanie 54, 1007, Lausanne, Switzerland

NATIONAL FEDERATION		
CONTACT PERSON	FULL NAME:	E-MAIL:

FULL ATHLETE NAME (NAME MUST MATCH LEGAL ID & INCLUDE EVERY AND ALL PARTS OF THE NAME)			
FULL ATHLETE NAME	FIRST NAME:	MIDDLE NAME:	
FULL ATHLETE NAME	LAST NAME:		
PREFERRED NAME (NAME SHOWN ON LICENCE CARD & USED AT COMPETITIONS – LAST NAME IN CAPITAL LETTERS)			
PREFERRED NAME	FIRST NAME:	LAST NAME:	GENDER: M <input type="radio"/> F <input type="radio"/>
ADDRESS	STREET:		
	ZIP/POSTCODE:	CITY:	COUNTRY:
E-MAIL			
DATE OF BIRTH	DATE:	MONTH:	YEAR:
PASSPORT	NUMBER:	VALIDITY:	NATION:
DISCIPLINE	KYORUGI: <input type="radio"/>	POOMSAE: <input type="radio"/>	
KUKKIWON	KUKKIWON DAN NUMBER:		KUKKIWON DAN GRADE:

E-MAIL OF LEGAL REPRESENTATIVE IF NECESSARY	
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I, as a member of a National Federation of WTF and/or a participant in a WTF authorized or recognized event, hereby acknowledge and agree as follows:

1. I acknowledge I have reviewed the WTF Anti-Doping Rules (Available on: www.wtf.org) and agree I will strictly abide by the WTF Anti-doping Rules and WADA Anti-Doping Code.
2. I consent and agree to the creation of my profile in WADA Doping Control Clearing House (ADAMS), as requested under the WADA Code to which WTF, as an IF, is a signatory, and/or any other authorized National Anti-Doping Organizations (NADOs) similar system under WTF's agreement for the sharing of information, and to the entry on my doping control, Whereabouts and Therapeutic Use Exemptions related data in such systems.
3. I consent to my own indemnity and shall not hold the World Taekwondo Federation and Organizing Committee, responsible for any and/or all damages, injuries and/or illnesses, which may be suffered by the individual registered during any of WTF-promoted and/or WTF-recognized Championships, arising out of, or in any way connected to, my participation.
4. I content to be filmed, televised, photographed, identified and otherwise recorded during any of WTF-promoted and/or WTF-recognized Championships for broadcasting and other purposes for promotion of the events by the WTF and/or the OC with an approval by the WTF.
5. I have read and understand this Acknowledgement and Agreement.

SIGNATURE OF THE ATHLETE	(ATHLETE LEGAL REPRESENTATIVE IF NECESSARY)
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Through their signature, athletes consent and agree to comply with and be bound by the WTF Statutes, WTF Kyorugi & Poomsae Competition Rules, WTF Accreditation Rules and of the WTF bylaws and their amendments.

Please add a copy of the valid passport, Kukkiwon Certificate and an ID picture (colour photo: 45mm x 35mm)

The respective national member Federation is fully responsible for all information and documents provided with the application form. The application form must be returned completed, duly signed and stamped by the President or Secretary General of the respective affiliated federation. The application form must be signed by the athlete. All consent forms from minor applicants, according to the legislation of the applicant's country, must be counter-signed by their legal representative.

PLACE AND DATE	SEAL OF THE MNA	MNA AUTHORISED SIGNATURE
.....	 Signature of the MNA President or Secretary General