



# Just Kicks Tae Kwon Do Development Centre

## Just Kicks Open 2009 Application Form

Interested Applicants are requested to fill in the below and submit to the, The Just Kicks Development Centre Management Team by the 27<sup>th</sup> November 2009.

Full Name \_\_\_\_\_ Male  Female

Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone No ( ) \_\_\_\_\_ Mobile No \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_ State \_\_\_\_\_

TAI Registration No \_\_\_\_\_ Non TAI Registered (Please Tick)

Name of Club \_\_\_\_\_ Hogo size (E.B.P) \_\_\_\_\_

Weight \_\_\_\_\_ Kg Age (As at 31/12/2009) \_\_\_\_\_ Yrs Height \_\_\_\_\_ cm

Are you willing to compete in nearest division if unable to be matched in yours (Please circle) **YES / NO**

Note:- Sparring event, **(Head contact 14 years and above only)** (Please circle) **YES / NO**

Events Competing in (Please Tick) Novice Sparring  Sparring  Battle Poomse

Pairs Battle Poomsae  Jump Kick

Belt Division (Please Tick) Yellow.  Blue  Red (including Cho Dan Bo)  Black

Signature' Applicant / Parent / Legal Guardian \_\_\_\_\_

### Head Instructor Verification

I \_\_\_\_\_ as instructor for this student have checked this application and believe the information specified to be true and correct.

I acknowledge that the student may be disqualified if weight requirements are not met or if any other specified information proves incorrect.

I am a currently a registered HEAD INSTRUCTOR of TaeKwonDo Australia Inc.

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Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ TAI No \_\_\_\_\_

**Head Instructor and Examiner:** Mr Dang Nguyen: Black Belt 4<sup>th</sup> Dan, W.T.F. State, National and International Champion

Just Kicks Tae Kwon Do Development Centre: ABN 76 991 872 237

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