## SINGAORE FULL CONTACT KARATE CHAMPIONHIP 2017

OFFICIAL CHILDREN
COMPETITOR ENTRY FORM



Please affix your most recent Passport Size Photo here

Participation Fees: \$\$30 / Entry (Not refundable on cancellation)

(COMPETITORS MUST BE 17 YEARS AND BELOW ON TOURNAMENT DATE)

1. CATEGORIES				
A. Boy	B. G			
2. PARTICIPANT'S PARTICULA	IRS			
Name (Underline Surname):		Date of (dd/mm		
Sex: Male / Female	Height (cm):	Weight	(kg)	
Organization / Dojo Name:				
NRIC / FIN / Passport No:		Nationa	lity:	
Contact Numbers (Mobile):	(Home):	(Of	fice):	
Mailing Address:				
Email Address:				
3. EMERGENCY CONTACT				
Name (Underline Surname):		Relation	ship:	
Contact Numbers: (Mobile):	(Home):	(Office	2):	
4. FOR OFFICIAL USE				
Date Received:	Remarks:			
	*INDEMNIT	ΓY FORM		
Children competitors under 18	Byears of age on championship	date, must seek	consent from his/her parent or guardian	
/We,Parent / guardian of the above mentioned athlete, in consideration of				
World Karate Organization Shi	nkyokushin Singpore (WKOSS)	), allow my son /	daughter / ward to take part in the	
above championship, hereby u	indertake to fully indemnify W	/KOSS, its staff / r	members / officials as well as, to keep	
WKOSS fully indemnified again	st all actions, suits, proceedin	gs, claims, expen	ses, loss / losses, damanges, costs,	
charges and liabilities whatsoe	ver and howsoever occur or in	ncur, which mayb	e taken or made against WKOSS, its	
	•		le by WKOSS and / or its staff, by reaso	
<del>-</del>	· · ·	•	on of the above event which may or ma	
not result in death due to the	participation of the above eve	nt (SFC Karate Ch	nampionship 2017).	
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Name & Signature of Parent / Guardian		Date	Date	