

TUL TOUR1® (Registration form)

I would like to participate in the “**TUL TOUR® -1**” which will take place in Korea between the 26th of June 2011 and the 5th of July 2011. Submission of this completed form and payment will register me for this event and will be a base to receive an official invitation.

Family Name		First Name		
Gender		Date of Birth	Day - Month - Year / /	
Address				Zip:
Country		Passport number		
Tel.		E-mail:		
Martial arts organization:				
Current rank (Dan/Gup/ etc.)		Languages spoken/understood:		
Martial Art Style*				
Emergency contact person	Name	Tel.	Relationship	
Medical No. (for fist aid in case treatment is needed)				
Do you suffer from any of the following conditions (Y/N)	Asthma	Epilepsy	Diabetes	Other (please explain)
Are you currently taking medication? (explain details)				
Are you allergic to any medication? (explain details)				
Are there any other factors which you think may impede on your ability to participate safely in this event?				
<u>Declaration and Waiver</u>				
I, the undersigned, in consideration of, and as a condition of acceptance of my entry in the “Tul Tour 1” hosted by the International Taekwon-Do Federation, for myself, my heirs, executors and administrators hereby waive all and any claims, right or cause of action which I or they may otherwise have, for or arising out of loss of life or injury, damage or loss of any description whatsoever, which I might suffer or sustain in the course of, or consequent upon my entry and participation in the said “Tul Tour 1”.				

Signature _____

Date _____

If under 18 year, your parent / legal guardian must also sign on your behalf

I certify that I am the parent / guardian of _____ who will be _____ years of age on the day of the said “Tul Tour 1”, and has my consent to participate in this event. I have checked that all the information on this form is correct, and understand the conditions of participation.

Signature _____

Date _____

*Please state your Martial Art (MA) style (e.g. Taekwon-Do ITF, Karate Kyokushinkai, Kung-fu etc., or if you do not have experience in MA then write “none”)

A short questionnaire

- Q1:** Are you a vegetarian? **YES** **NO** *(please circle the appropriate)*
- Q2:** Is there any specific food that you cannot consume? *(please describe below)*
- Q3:** Have you tried Korean food before? **YES** **NO** *(please circle the appropriate)*
- Q4:** Can you eat spicy (hot) food? **YES** **NO** *(please circle the appropriate)*
- Q5:** Are there any restrictions for you to share a room with another program participant? *(please describe)*
- Q6:** Are you planning to attend the program with a family member or friend whom you would like to share room with? *(please describe)*
- Q7:** Are there other matters we need to know in order to assist you the best and make your participation comfortable? *(please describe)*

For further questions and information please do not hesitate to contact Dr Zibby Kruk on scientific@itf-administration.com