 **Taekwon-Do Team Ireland**

**Competitor Agreement**

**Personal Information** (Block Capitals)

Name: (**NB**: as it appears on Passport)

Address:

Date of Birth:

Competitors Email Address:

Parent/Guardian Email:

Competitors Phone No: Parent/Guardian Phone No:

Emergency phone number: Relation of emergency contact:

Passport No. Expiry Date:

E.H.I.C.. No.: Expiry Date:

Current Grade: ITF Cert No: Black Belt I.D.:

**Responsibilities:**

I will abide by all rules related to the Taekwon-Do Team Ireland selection procedures as determined by the Management & Coaching Team.

I will act in a sportsmanlike manner consistent with the spirit of fair play and responsible conduct.

I will maintain a high level of fitness and competitive readiness that will permit my performance to be to the maximum of my ability.

I confirm that I am eligible to compete for Ireland under the rules of All Europe Taekwon-Do Federation and International Taekwon-Do Federation and that I hold a valid ITF Dan certificate for my current grade.

I will follow my Team’s rules, including rules regarding curfew and required attendance at team meetings, practice sessions etc.

I will at all times respect the property of others whether personal or public. I understand that any physical damage to facilities, equipment, furnishings, or loss of items in a room where I am lodged, will be paid for by those individuals assigned to the room in which the damage or loss occurs, including destruction of property (including that caused by horseplay, fighting, or willful misconduct etc.)

**Code of Conduct:**

I will not commit any doping violation which may bring disrepute to ITF, AETF, Ireland or myself.

I will not engage in any conduct that is criminal under any laws applicable to me.

I will refrain from any conduct which may detract from my ability or that of my team mates to attain peak performance.

I am aware that approved sponsors or suppliers provide critical support for the National Team and, in recognition of this fact, I will wear designated National Team; Dobok, Tracksuit, Tee-Shirts, Sports Bag etc as required including travel to and from international events, while competing, supporting, and coaching, for promotional photographs and/or media photographs/video or public/promotional appearances etc.

I will pay due respect to all members of the National Team, Management & Coaching Team, Officials, Other Teams, Spectators, and engage in no form of discriminatory behaviour or verbal, physical or sexual harassment or abuse.

I will act in a manner that will bring respect and honour to; Ireland, my team mates, the Coaching and Management Team and Taekwon-Do.

I will remember that at all times I am an ambassador for Taekwon-Do and for Ireland.

I will support my team mates at all times and endeavour to the best of my ability to create a positive and encouraging atmosphere in both practice and competition.

I realise that should I choose to take actions other than those described herein, I may be subject to disciplinary action by the Management & Coaching Team and that the consequences of my actions could result in my immediate expulsion from the Team and affect my opportunity for reselection to the National Team in the future.

**Communication:**

I understand that should my Instructor be dissatisfied with my attendance/performance/commitment that s/he may contact the National Team Manager.

I undertake that as a matter of courtesy, I will ask for permission from the Management &Coaching Team to participate in any activity which may result in my absence from a National Squad Session, such as National/International Championships, Seminars or Training Camps. Such permission will not be unreasonably withheld providing appropriate notice is provided, that the event is deemed appropriate and that participation does not unduly impact on wider team training and preparation.

I accept that it is my responsibility to ensure that I have all necessary travel documentation and that all such documentation is up to date**.**

**Health, Wellbeing & Safety:**

I will take full responsibility for all aspects of my performance including managing my weight, strength and conditioning targets, flexibility and management of any injuries as prescribed by the Coaching Team. Furthermore, I will take full responsibility for seeking advice on any and all aspects of my performance as determined by the Coaching Team.

I accept that Taekwon-Do is a contact sport and have full insurance to cover any risk or eventuality that I face. I further accept that any injury suffered by me in the course of training or competition shall not result in a right of action against any member of the Management & Coaching Team, or the Officers of any group involved in National Team Process.

**Health Questionnaire:**

The following information is required to assess your physical fitness level.

Your health questionnaire is ***confidential*** and will not be released without your consent.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you suffer from heart disease or high blood pressure |  |  |
| 2. Do you suffer from chest complaints, bronchitis, asthma or breathing problems |  |  |
| 3. Do you use an inhaler? |  |  |
| 4. Do you suffer from headaches, fainting or dizziness? |  |  |
| 1. Do you suffer from joints or muscle problems |  |  |
| 6. Do you suffer from back, neck or disc problems? |  |  |
| 7. Are you taking prescribed drugs or recovering from a recent illness or operation. |  |  |
| 8. Are you a Diabetic? |  |  |
| 9. Do you have any other medical condition or problems not previously mentioned?  Details if yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**COMPETITORS**

I confirm that I have answered the above questions correctly. I understand that the Taekwon-Do school or agents acting on behalf of the above cannot be liable for any injury that may be sustained as a result of participation in the squad sessions. I also understand that the coaches may select me in any one, or all, of the disciplines in which I seek selection. I understand that failure by me to travel on the basis of not being selected for all of my preferred disciplines will result in the loss of my deposit.

I understand that nothing in this agreement gives me any right of action over the Management & Coaching Team, or the Officers of any group involved in National Team Process.

I give permission to the management/coaches to use my phone # in messaging apps for communication purposes.

Competitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ (Block Capitals)

Competitor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS/LEGAL GUARDIANS OF MINORS**

This is to certify that I, as parent/legal guardian of the competitor named above, have had sufficient opportunity to review the provisions of this Competitors Agreement; understand its purpose, meaning and intent; and have explained to my Son/daughter/ward the aforementioned stipulated conditions and their meaning and ramifications.

I give permission to the management/coaches to use my phone # and that of my Son/daughter/ward in messaging apps for communication purposes.

Parent/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Block Capitals)

Signature of Parent/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date:

**INSTRUCTOR**

This is to certify that I, as instructor of the competitor named above, have had sufficient opportunity to review the provisions of this Competitors Agreement; understand its purpose, meaning and intent; and have explained to my student the aforementioned stipulated conditions and their meaning and ramifications. In signing this document, I endorse this document and the terms and conditions of same.

Instructors Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ (Block Capitals)

Club/School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors Email Address:

Instructors Signature: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date: