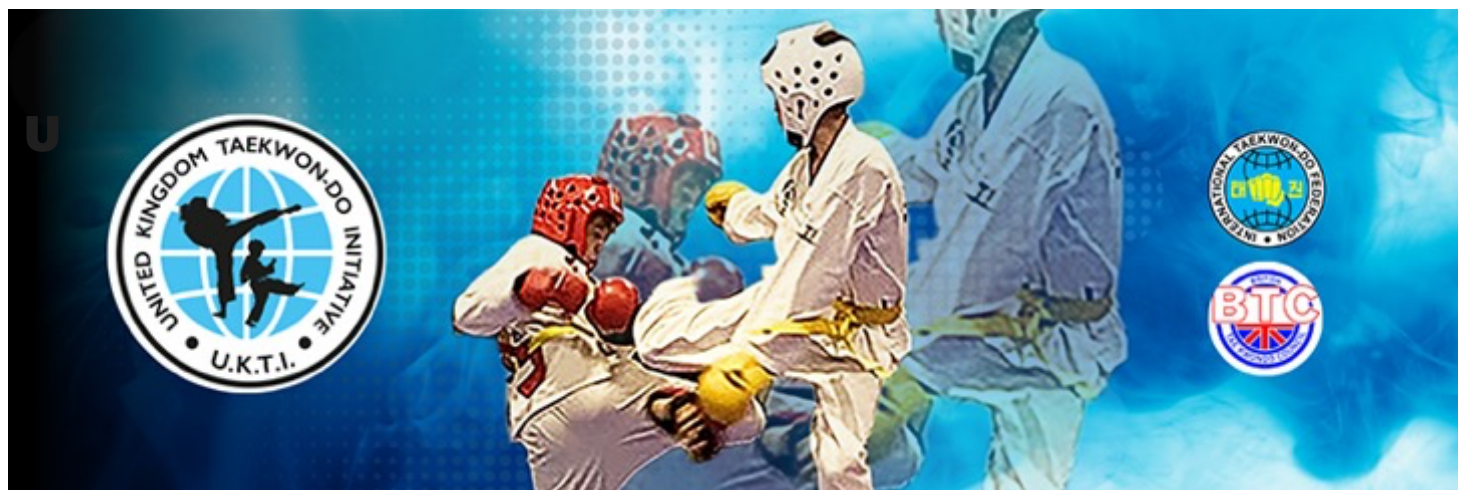




U.K.T.I. Interclub Open Tournament Entry 2026

Sunday 27 September 2026 | Leys Leisure Pool & Centre, Pegasus Rd, Oxford OX4 6JL

Contact: oneukti@hotmail.com * Indicates required question

Competitor's Name * in capitals _____

Age on the day of the competition * _____ Height in cms * _____ Weight in kilos* _____

Taekwon-Do School * _____ Instructor's Name * _____

Belt * ☐ White. ☐ Yellow. ☐ Green. ☐ Blue. ☐ Red. ☐ Black. Dan _____

I would like to compete in Patterns (Tuls) * ☐ Yes ☐ No
I would like to compete in Sparring * ☐ Yes ☐ No

Early Bird Fee (£25 per competitor) has been transferred (before Saturday 6 September). A fee of £30 per competitor applies after that date. * ☐ Yes ☐ No

Declaration: I understand that there may be some risks to my health and well-being by taking part in the tournament. I acknowledge that as part of the Health and Safety at Work Act 1974, I must always be responsible for my personal well-being. I will wear appropriate head, hands, feet and teeth protection, if male a groin guard, and if female a chest-guard. I will also recognise that United Kingdom Taekwon-Do Initiative (U.K.T.I.) will ensure, wherever practical, that all risks are considered and minimised within the tournament areas. There is currently no reason why I cannot participate in this event and **I confirm I am currently the holder of a valid licence**, (we may check on entry) I agree to abide by the rules and regulations of the U.K.T.I. As a condition of acceptance to this event I agree not to hold UKTI, the Officials, my instructor or any students responsible for any injury I may sustain at this event. I certify and confirm that I will accept all the decisions of the Officials and that all the above is correct. Please note the information provided will only be used for the purpose of this event. We will be taking photos at the event that may be used for promotional materials / social media. You **MUST** inform us in writing before the event if you **DO NOT** wish photos to be taken.

* ☐ Yes - I give permission for my photo to be taken on the day
* ☐ No - I do not give permission and I agree to email the UKTI oneukti@hotmail.com
* ☐ I have read and understood the Declaration and Photo permission. *

Name of competitor /or adult if competitor is under 18 years old _____

Signature _____ Date _____

Pay into: **Zempler Bank | UKTI | Sort code: 08-71-99 | Account No: 21403694**

Don't forget to add reference of the student's name.