

SINGAPORE TAEKWONDO FEDERATION
2025 VIRTUAL TAEKWONDO OPEN SELECTION
22 and 23 February 2025



STF 2025 Virtual Taekwondo (VTKD) National Development Squad Registration Form

Section 1: To be completed by candidate

Name of Affiliated Club: _____ Email: _____

Name of Coach: _____ Level 2 Coach Pass No.: _____

Contact No.: _____ Email: _____

Name of Candidate (as in NRIC/Birth Certificate): _____ Age: _____
(As of 2025)

Gender: _____ Citizenship: _____ Date of Birth (DD/MM/YYYY): _____

Residential Address: _____

Contact No.: _____ Email: _____

Next of Kin (NOK)'s Name: _____ Relationship: _____

Mobile Contact No.: _____ Email: _____

Medical condition of candidate (if any): _____

Section 2: Coach's evaluation on candidate (To be completed by Affiliate Coach) – Please tick(✓) at the

| Qualities of Candidate | Fair | Good | Very Good | Excellent |
|--|------|------|-----------|-----------|
| 1. Attitude and behavior towards coaches, teammates, fellow athletes, officials, and sports administrators, whether in relation to sporting matters or otherwise | | | | |
| 2. General conduct and character which may affect the reputation, image, values or best interests of the athlete or the sport | | | | |
| 3. Discipline | | | | |
| 4. Potential for future development | | | | |
| 5. Ability to demonstrate team spirit and work well with teammates and officials | | | | |

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Section 3: Approval for Application of Candidate to attend Open Selections (To be completed by Affiliate Coach) - Please tick (✓) at the appropriate box.

Approved

Not Approved

Affiliate Coach's comments about the candidate: _____

| Name of Affiliate Coach | Signature of Coach | Date of Approval | Stamp of Affiliate |
|-------------------------|--------------------|------------------|--------------------|
| | | | |

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CANDIDATE'S UNDERTAKING

I, _____ (Last 4 digit of NRIC No./Birth Certificate No.: _____)

of (Name of Affiliate) _____

declare that the information given is true, correct and complete. In the event if the declaration is false,

I may be sanctioned by the relevant authorities.

Disclaimer & Indemnity

I hereby declare that I shall not claim against the Singapore Taekwondo Federation and/or any of its officers for any losses and liabilities suffered by me directly or indirectly and I hereby declare that I shall indemnify the Singapore Taekwondo Federation and/or any of its officers against any claims losses liabilities suffered directly or indirectly as a result of the STF 2025 VTKD NDS Open Selection Boot Camp to be held on 22 February and 23 February 2025 or any adjournment thereof at the venue of the activities.

| | | |
|-------------------|----------------|----------------|
| Name of Candidate | Signature/Date | Contact Number |
|-------------------|----------------|----------------|

Parental Consent for Athlete Below 21 Years of Age

I consent the above named, who is my child to participate in the STF 2025 VTKD NDS Open Selection Boot Camp to be held on 22 February and 23 February 2025. I hereby release the Singapore Taekwondo Federation and/or any of its officers from all liabilities that may arise in connection therein.

| | |
|-------------------------------|----------------|
| Name /Relationship to Athlete | Signature/Date |
| Last four digits of NRIC No. | _____ (Mobile) |