



Wu Shu team Slovakia, residents' association
Siladice 284, 920 52

Registration

Federation/Asociation/Name of the club

Name of the member

Date of the birth

Nationality

Sex

Status

Competitive * Team Manager * Team Coach * Team Doctor/Medic * Spectator

My, sign down understand all of the rules and organizing methods from organizer of the competition and next I confirm, that I will observe rules of the competition and law of the Slovak republic and I will conform with directives of the organizer.

(Sign of the parent or legal representative for competitive younger to 18 y. is necessary condition for competition)

Sign

Sign of the parent/legal representative

Date