

LINX TAEKWONDO ACADEMY

Mr. Sakaguchi Akira

### Agreement for Participation

- I will follow the instructions of the organizer during the event.
- I agree not to make any false declaration in the application for the event upon agreement with the person in charge of the group.
- I agree not to ask the organizer to take responsibility for any accidents or injuries that may occur during the event.
- After confirming the above items, I agree to participate in the "2025 Lynx Taekwondo Festival."

2025/     /

Affiliation organization \_\_\_\_\_

Name of person in charge of your organization \_\_\_\_\_ (hand writing)

Date of birth \_\_\_\_\_ / Sex    M    •    F

Player's name \_\_\_\_\_ (hand writing) / Parent's name \_\_\_\_\_ (hand writing)

\*Please be sure to fill out the form in the case of minors by their parents.

Address 〒 \_\_\_\_\_

Phone number \_\_\_\_\_

\*Please make sure to fill out this form for all players who will be participating in the tournament.