** 2020 WCSA**

**TAEKWONDO**

MASTERLIST OF PLAYERS

TEAM

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| CHAPTER/SCHOOL: |  |  | INSTRUCTOR: |  |
| CONTACT NO: |  |  | EMAIL: |  |

**NOTE:** Please write in **ALL CAPITAL LETTERS**

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| **NAME** (FIRST NAME LAST NAME) | **NCC NUMBER** | **AGE BY DEC 2018** | **YEAR OF BIRTH** | **BELT** | **REMARKS** |
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* I hereby certify that the above information is true and correct.
* I do hereby waive and release any and all rights and claims for damages against the competition officials, their respective agents, or any facility of this competition, from any and all injuries, which may be sustained during this competition.

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| Certified Correct: |  |  | Date: |  |