



# ODISHA TAEKWONDO ASSOCIATION



Office Address : Kalpana Sagar Complex, Flat No.-C/103, Sipasarubali, Baliapanda, Post/Dist-Puri, -752001, Odisha,  
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## OTA ATHLETE REGISTRATION FORM

ATHLETE NAME(Capital letter)				
FATHER NAME				
MOTHER NAME				
GUARDIAN NAME(If parent not alive)				
DATE OF BIRTH(DD/MM/YYYY)				
GENDER		MALE		FEMALE
MARITAL STATUS		SINGLE		MARRIED
CURRENT LOCAL ADDRESS(Presently living/staying)				
At :		Post:		Via:
PS:		PIN:		District :
ATHLETE AADHAR NO				
ATHLELE OR GUARDIAN CONTACT No. (MOBILE)				
ATHLETE BLOOD GROUP		HEIGHT		WEIGHT
ATHLETE SCHOOL/COLLEGE NAME & CLASS				

### DECLARATION BY ATHLETE/PARENTS/GUARDIANS

I, hereby, declare that I will obey all the rules & regulations of the Academy, training centre, Association time to time and be fully responsible for violating the rules.

Signature of Parents/Guardian

Signature of Athlete

### (DOCUMENT IS MANDATORY)

Any One document for Birth proof and One document for Address Proof

1. Photo Copy of Birth Certificate. (Birth Proof)
2. Photo Copy of Aadhar Card(Address Proof)
3. Photo Copy of School/College ID card (Educational Proof)
4. Passport Size Photo (2p)
5. Photo Copy of Passport(Birth Proof)
6. Photo Copy of Driving License(Address/Birth Proof)

### OFFICIAL USE(ACADEMY HEAD/COACH SHALL FILL UP)

1. OTA ACADEMY/CLUB NAME
2. DATE OF JOINING (When join but Admission fees not paid)
3. DATE OF ADMISSION (When Admission fees is paid)
4. CURRENT BELT GRADE at time of Admission/ Photo Copy Attached

### RECOMMONDATION BY THE HEAD/COACH OF ACADEMY

I recommend the above named athlete to be registered with ODISHA TAEKWONDO ASSOCIATION and its Affiliated DISTRICT TAEKWONDO ASSOCIATION as a bonafide player of Association for getting all facilities and allow participating in all Activities organised /conducted by OTA as well as DTA subject to following all rules & regulations of OTA & DTA.

Signature & Stamp Seal of Academy Head/Coach