

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

Preliminary Entry Form

Taolu Competition

Federation _____
Address _____
Telephone No. _____
Facsimile No. _____
Email Address _____
Team Manager _____
Team Coach _____
Team Doctor _____

Competitors (Please fill in the number of competitors)

EVENT	Number of competitors (Male only)
1. Changquan	
2. Jianshu	
3. Daoshu	
4. Qiangshu	
5. Gunshu	
6. Taijiquan	
7. Taijijian	
8. Nanquan	
9. Nandao	
10. Nangun	

Note:

This form must be returned to the Organizing Committee of the 5th Pars Wushu Cup by email or fax no later than 24:00 (local time), **July 17th, 2015.**

Signature of President/Secretary General (With Federation Seal)

Date

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

Preliminary Entry Form

Sanda Competition

Federation _____

Address _____

Telephone No. _____

Facsimile No. _____

Email Address _____

Team Manager _____

Team Coach _____

Team Doctor _____

Competitors (Please fill in the number of competitors)

CATEGORY	Number of competitors (Male only)
1. - 56kg	
2. - 60kg	
3. - 65kg	
4. - 70kg	
5. - 75kg	
6. - 80kg	
7. - 85kg	
8. - 90kg	
9. +90 Kg	
Total Number of Competitors	

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Date

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17-21 September, 2015

Tehran, Iran

Final Entry Form (Taolu Competition)

Federation _____
Team Manager _____
Team Coach _____
Team Doctor _____
Team Judge _____
Observers _____

Competitors (All names in English capital letters.)

NO	ATHLETE'S NAME	ATHLETE'S FAMILY NAME	AGE	COMPETITION EVENT									
				PLEASE CIRCLE THE NUMBERS									
1				1	2	3	4	5	6	7	8	9	10
2				1	2	3	4	5	6	7	8	9	10
3				1	2	3	4	5	6	7	8	9	10
4				1	2	3	4	5	6	7	8	9	10
5				1	2	3	4	5	6	7	8	9	10
6				1	2	3	4	5	6	7	8	9	10
7				1	2	3	4	5	6	7	8	9	10
8				1	2	3	4	5	6	7	8	9	10
9				1	2	3	4	5	6	7	8	9	10
10				1	2	3	4	5	6	7	8	9	10

(Stands for: 1=Changquan, 2=Jianshu, 3=Daoshu, 4=Qiangshu, 5=Gunshu, 6=Taijiquan, 7=Taijijian, 8=Nanquan, 9=Nandao, 10=Nangun)

Note: This form must be returned to the Organizing Committee of the 5th Pars cup Wushu Championships by email or fax no later than 24:00 (local time), **August 17th 2015**.

Flight Details:

Arrival:

Date: _____

Time: _____

Flight No. _____

Departure:

Date: _____

Time: _____

Flight No. _____

Signature of President/Secretary General (With Federation Seal)

Date

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

Final Entry Form (Sanda Competition)

Federation _____

Team Manager _____

Team Coach _____

Team Doctor _____

Team Judge _____

Observers _____

Competitors (All names in English capital letters and.)

NO.	ATHLETE'S NAME	ATHLETE'S FAMILY NAME	Date of Birth	CATEGORY
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

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Flight Details:

Arrival:

Date: _____

Time: _____

Flight No. _____

Departure:

Date: _____

Time: _____

Flight No. _____

Signature of President/Secretary General (With Federation Seal)

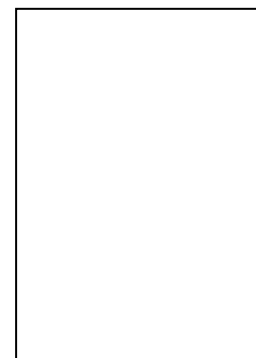
Date

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

WAIVER OF LIABILITIES



Federation _____
Name of Participant _____
Date of Birth _____
Nationality _____
Sex _____
Passport No. _____
Status _____

* Athlete * Team Manager * Coach * Doctor * Observer

I, _____ the undersigned, knowingly and without duress, do voluntarily submit my Entry to the 5th Pars cup Wushu Championships. In consideration of Federation of Iranian Wushu Organizations accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the 5th Pars cup Wushu Championships. The 5th Pars cup Wushu Championships is hosted by Iran Wushu Federation and organized by Iran Wushu Federation too. I do hereby release the Organizing Committee, its officers, agents, representatives, volunteers, and other related members from all claims, actions, suits, and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as a result of or in connection with my participation in the 5th Pars cup Wushu Championships. I fully understand that all medical attention or treatment afforded to me by the Organizing Committee its officers, representatives, volunteers, and all other related members will be of the first aid only, and hereby release the Organizing Committee its officers, representatives, volunteers, and all other related members from any liability for such aid. I understand it is my obligation to obtain medical coverage.

I agree to abide by and follow the Rules established by the Organizing Committee, and I understand that my protest must be conducted in accordance with the rules of Arbitration.

I agree that my performance, attendance, and participation at the 5th Pars cup Wushu Championships may be filmed or otherwise recorded or released or telecast live. I consent to allow the Organizing Committee use of my name, address, voices, poses, pictures and biographical data concerning full or parts, in any form or language, with or without other material, throughout the world, without limitation, for television, radio, video, theatrical medium picture, or any other medium by any devices now known or hereafter devised and I do hereby Waive any compensation in regard thereof as well as any future rights to the aforementioned.

I have read and fully understand the waiver listed above.

(Signature of Parent or Legal Guardian is required if participant is under 18)

Signature of Participant

Signature of Parent/Guardian

Date

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

Preliminary Application Form for Hospitality

Federation _____
Address _____
Telephone No. _____
Facsimile No. _____
Contact Person _____
Email Address _____

Room Details:

Total Number of Rooms Requested _____
Total Days of Lodging _____
Number of Male Participants _____

Signature of President/Secretary General (With Federation Seal)

Date

This form must be returned to the Organizing Committee of the 5th Pars Wushu Cup no later than 24:00 (local time) on **July 17th, 2015**.

Address:

Iran Wushu Federation, Iran Wushu Academy, Parking No.17, East Entrance Azadi Sport Complex,
Tehran, Iran

Tel: +98 21 44149958-63

Fax: +98 21 44149957

Email: iran_wushu_federation@yahoo.com

5th Pars Wushu Cup

17-21 September, 2015

Tehran, Iran

Final Application Form for Hospitality

Federation _____
Address _____
Telephone No. _____
Facsimile No. _____
Contact Person _____
Email Address _____

Room Details:

Room(s)	Name of Applicant(s)	Passport No.	Arrival Date	Departure Date	Total Days
1	a) b) c)				
2	a) b) c)				
3	a) b) c)				
4	a) b) c)				
5	a) b) c)				
6	a) b)				

Signature of President/Secretary General (With Federation Seal)

Date

This form must be returned to the Organizing Committee of the 5th Pars Wushu Cup no later than 24:00 (local time) on **August 17th, 2015**.

Address:

Iran Wushu Federation, Iran Wushu Academy, Parking No.17, East Entrance Azadi Sport Complex, Tehran, Iran

Tel: +98 21 44149958-63

Fax: +98 21 44149957

Email: Iran_wushu_federation@yahoo.com

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17-21 September, 2015

Tehran, Iran

Application Form for Entry Visa

No.	Name and Family Name	Passport No.	Date of Issue	Date of Expiry	Place of Birth	Date of Birth	Sex	Nationality	Father Name	Position
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Signature of President/Secretary General (With Federation Seal)

Date

This form and all participants' passport copies must be returned to the Organizing Committee of the 5th Pars Wushu Cup no later than 24:00 (local time) on **August 17th, 2015**.