



BLACK BELT CUP

KIDS EDITION

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COPII

CADEȚI

21.02.2026

SALA COMPLEXULUI
SPORTIV UNIVERSITAR
DE PADAGOGIE

Chișinău, Moldova, str. Ion Creangă 1,
SALA SPORTIVĂ ALTIUS





1. ORGANIZER

AO BLACK BELT CLUB

ADDRESS: D.Tudor Strișca 8/1 str., Chisinau, Moldova

E-MAIL: mmablockbeltclub@gmail.com

SECRETARY: Vladislav Pascari, tel.: +373 69 997 896.

REFEREE DIRECTOR: Gaus Maxim.

2. VENUE

Sala Complexului Sportiv Universitar

ADDRESS: Ion Creangă 1 str., Sport Hall "Altius", Chisinau, Moldova

3. REGISTRATION & DEAD LINE

SITE: www.tkd-reg.com UNTIL 15.02.2026

4. COMPETITION DATES & SCHEDULE

DATES: 21th February 2026

5. WEIGH – IN DATES

DATES: 18th – 19th February 2026

6. SPORT EQUIPMENT

DAE DO GEN 2 AND GEN 3

The Organising Committee will provide DAE DO –recognised PSS body protector and headgear. It is compulsory for the contestants to provide their own groin guard, forearm guards, shin guards, mouth protector, gloves and electronic sensor socks. All uniforms (dobok) and protective equipment must be WT recognised. For class B the OC will provide Headgears with face protection.

7. COMPETITION RULES

Last updated WT Competition Rules & Interpretation, shall be applied.

The organizers have the right to make changes to the regulations.

8. HEAD SHOTS

CLASS A: with head kicks

CLASS B: without head kicks from 10 to 4 Kup.

9. LIABILITY

All competitors participate at their own risk. The Organising Committee assume no responsibility for any damages, injuries or losses.

The Organising Committee reserves the right to make changes to the competition and the Outline.

Every athlete must have medical insurance!



10. PARTICIPANTS

Limit of participants are 400 sportsmens!

At the weight in sportsmens should have with them:

Moldavian sportsmens: certificate of the belt category and declaration.

Other country sportsmans: Passport, medical insurance and declaration.

11. APPLICABLE FEES

REGULAR ENTRY FEE - 35 EURO (750 MDL) per registered athlete

CHANGE OF CATEGORY - 5 EURO (100 MDL) per registered athlete

12. PAYMENT ENTRY

BENEFICIAR: AO BLACK BELT CLUB

COD FISCAL: 1022620007585

BIC: AGRNMD2X

IBAN: MD54AG000000022515575299

Valuta: MDL

PAYMENT REFERENCE:

BLACK BELT CUP plus TEAM

All Teams need to pay until 15.02.26.

After Dead Line 15.02.26 Fee will not be returned.

13. ROUND'S SCHEDULES TIME

YOUNGER KIDS CLASS A,B: 3 round's x 1 min., 30 sec. rest time.

KIDS CLASS A,B: 3 round's x 1 min., 30 sec. rest time.

YOUNGER CADETS CLASS A,B: 3 round's x 1 min., 30 sec. rest time.

CADETS CLASS A,B: 3 round's x 1,5 min., 45 sec. rest time.

14. AGE CATEGORIES

	BOYS	GIRLS
YOUNGER KIDS	-18; -20; -22; -24; -26; -28; -30; -32; -34 ;-37; -41; +41	-18; -20; -22; -24; -26; -28; -30; -32; -34 ;-37; -41; +41
KIDS	-20; -22; -24; -26; -28; -30; -32; -34 ;-37; -41; +41	-20; -22; -24; -26; -28; -30; -32; -34 ;-37; -41; +41
YOUNGER CADETS	-27; -30; -33; - 36; -40; -44; -48; -52; -57; +57	-27; -30; -33; - 36; -40; -44; -48; -52; -57; +57
CADETS	-33; -37; -41; -45; -49; -53; -57; -61; -65; +65	-29; -33; -37; -41; -44; -47; -51; -55; -59; +59



15. AGE CATEGORIES

YOUNGER KIDS: 2019-2020

KIDS: 2017-2018

YOUNGER CADETS: 2015-2016

CADETS: 2012-2014

16. DRAW SHEETS & BRACKET PUBLICATION

The draw sheets and brackets will be daily published, one (1) day before the start of competition after 14:00

17. METHOD OF COMPETITION & CONTEST TIME

- Single elimination tournament system.
- Best of three (3) system will be used.
one 1 minute break between each round.

18. TEAM AWARDS

For every Gold Medal: 50

For every Silver Medal: 20

For every Bronze Medal: 7



LIABILITY DECLARATION

I declare that I Participate at Open championship «BLACK BELT CUP 2026» Taekwondo WT for kids, cadets, according to the rules and regulations of the WT and the official invitation for this tournament. I take the responsibility of my personality and understand that all competitors are considered to participate at their own risk. The ETU & the Organizing Committee assume no responsibility for any damages, injuries, or losses. All contestants must bring their own documents and forms for any medical treatment in Chisinau, Republic of Moldova.

Athlete's name

Organization Name (Country)

Father's name (tutorial)

Relationship type (tutor or parent)

Date

Signature