



NEWFOUNDLAND AND LABRADOR WTF TAEKWONDO ASSOCIATION

PO BOX 28083
48 KENMOUNT Rd.
ST. JOHN'S, NL
A1B 4J8
WWW.NLTkd.CA

INDIVIDUAL MEMBERSHIP FORM

Name: _____ Address: _____ Date of Birth: _____

Postal Code: _____ Telephone: _____ E-mail: _____

Taekwondo Club Name: _____ Head Instructor: _____

Experience (Yrs.): _____ Rank Achieved _____ (Black Belts: complete below)

Kukkiwon #: _____ Date that Current Rank was issued: _____

PLEASE ATTACH COPY OF KUKKIWON CERTIFICATE TO THIS APPLICATION

Do you have a criminal record? 0 Yes 0 No

If **YES** please explain on a separate piece of paper attached to this application.

Do you have any history of Medical condition that would interfere with your participation in Tae Kwon Do? 0 Yes 0 No If

YES, please submit a PAR-Q Form available on Association website: www.nltkd.ca

I hereby apply for membership into the Newfoundland and Labrador (WTF) Taekwondo Association (the Association) and I fully understand and agree to the following:

That my presence and activities are completely at my own risk, and I do hereby indemnify, release, and forever discharge the Newfoundland and Labrador WTF Taekwondo Association and its affiliated clubs, its instructors, members, agents and any other person or persons connected with the said Association, against and from all liability, and responsibility, and from all claims for personal injuries or any loss of personal property sustained by me or injuries or damage to persons or property of others caused by me while engaging in Taekwondo or in activities of the said, or while in or near the premises or places of activity of the Association, **AND;**

That I will abide by the rules and regulations of the Association and WTF Taekwondo Canada and conduct myself with honor and integrity, treating all persons with respect, such that I will not disgrace the honor of this membership, **AND;**

That in exchange for membership & lessons received, or yet to be received from Head Instructor, _____, I will not attempt to teach any aspects of Taekwondo anywhere, except with the approval of the Association **AND** the expressed written consent of my Head Instructor **AND;**

That any pictures or videos taken of me in connection with the Association can be used for publication or promotion without compensation at any time, **AND;**

That I will pay membership fees when due, and in accordance with the regulations set down concerning such fees, and that the fees will cover the term for that period only, and that no credit or refund shall be made unless special arrangements have been made with the Association. Payments maybe made by cheque or money order to the **NL (WTF) Taekwondo Association Inc.**

In accordance with Federal Privacy Legislation, the information collected herein is for administrative purposes of the NL (WTF) TKD Association and/or TKD Canada only and will not be disclosed to any other parties without the expressed written consent of the applicant and/or his/her legal guardian.

Sign: _____

Parent / Legal Guardian: _____

Date: _____

Head Instructor: _____

Membership Fees:

1 September – 31 August \$40.00 ALL MEMBERS

1 January -31 August \$30.00 (This applies to new white belts ONLY. All returning members must pay the full membership fee (\$40.00))

Please complete all sections in full and include copies of certification-Incomplete applications will be returned.

ALL MEMBRSHIPS EXPIRE 31 AUGUST EACH YEAR