

TAEKWONDO NB APPLICATION FORM / D'APPLICATION

(PLEASE PRINT / IMPRIMER S.V.P.)Membership expiration date is August 31 of every year

THIS FORM IS USED FOR ALL MEMBERS INCLUDING AFTER SCHOOL / DAYCARE / PICKUP TAEKWONDO PROGRAMS

NAME / NOM: _____ GENDER: M F

ADDRESS / ADRESSE: _____

CITY / VILLE: _____ POSTAL CODE / POSTALE: _____

TELEPHONE #: _____ E-MAIL: _____

DATE OF BIRTH / DATE DE NAISSANCE: Day _____ Month _____ Year _____

T K D SCHOOL NAME / NOM DE L'ECOLE : _____

RANK / RANG : _____ KUKKIWON CERT# _____

(black belts must provide a photo-copy of their kukkiwon certificate)

REFEREE CLASS: _____

NB COACHING LEVEL / NIVEAU D'ENTRAINEUR NB: _____

I, _____, hereby apply for membership into TAEKWONDO NB at _____ Tae kwon do and fully understand and agree that I will abide by the rules, regulations and bylaws of TAEKWONDO NB Inc. I fully understand this application is for Tae kwon do classes only. I understand that there may be photos taken at events and used by TKDNB. I agree to allow the rights of these photos to be used by TKDNB. I also understand that some of this information may be shared with the National Affiliate Taekwondo Canada, and do agree to let TKDNB share this information with them. For this application to be accepted and for insurance purposes, it must be signed by the instructor and applicant (parent/guardian if under the age of eighteen).

Instructor/ Instructeur _____

Date _____

Applicants Signature _____

Date _____

OFFICE USE ONLY

ACCEPTED () REJECTED () Paid: M.O CHEQUE TKDNB# _____

Date Received: _____ SIGNED: _____

TAEKWONDO NB MEMBERSHIP RECEIPT

Top section to be sent to:

TKDNB Inc. % Karen Vickers
10 Riley Drive , Saint John, New Brunswick E2J 4C4

Method of Payment: Fee \$20.00 General Membership | \$30.00 Elite Athletes

Cash () Cheque () Payable to **Taekwondo NB** E2E 2A2

Date : _____ Instructors Signature: _____

Membership Expires August 31 of Every Year