

WTF Taekwondo Association of PEI



September 1, 2014 – August 31, 2015 Annual Registration
\$50 per student
One form per student

Existing students – Payment Deadline September 30, 2014
New Student – Payment Deadline – within two weeks of joining school

Name: _____ Birthday(yy/mm/dd) : _____ Gender : M / F

Address: _____
Street/ City/Province /Postal Code

E-mail (parents if student under 18) _____

In case of emergency notify: Name: _____ Phone: _____ Relationship: _____

Medical conditions we should be aware of? If Yes, explain and provide emergency medical treatment details _____

Taekwondo School and Location: _____ Belt Level: _____

Taekwondo School Instructor: _____

Money Enclosed: Cash or Cheque payable to WTF Taekwondo Association of PEI

Mail form and payment to: c/o Tammy Turner (Treasurer), 54 Braemore Avenue, Charlottetown, PEI C1E 1P8
OR Provide to your School Master / Instructor to be forwarded to the Association Treasurer

RELEASE OF LIABILITY AND WAIVER OF CLAIMS In consideration of the acceptance of the Applicant as a member of the WTF Taekwondo Association of P.E.I. (the "Association") and payment of membership dues, the Applicant (Parent or Guardian), his/her heirs, executors, administrators and assigns agree to save harmless and to waive any claim and to keep indemnified the Association its directors, officers, members, coaches, officials, servants, employees, agents or representatives from any and all claims, actions or causes of actions, costs and expenses howsoever arising out of relating to any activity of the Applicant taking part in or being connected to any activity of the Association whether caused by negligence of any of the Association's directors, officers, members, coaches, officials, servants, employees, agents or representatives. I am also fully aware that in participating in this sporting activity there are some inherent risks attached to it which may cause injury. Without listing the generality of the foregoing, the Applicant (Parent or Guardian) further released the Association from any recourse which the Applicant may now have or hereafter have resulting from any action or decisions of the Association **AND**

IN THE EVENT OF AN EMERGENCY In the event of an emergency, the student/parents/guardian give permission for emergency first aid to be administered or emergency medical help be called by the Association's directors, officers, members, coaches, officials, servants, employees, agents or representatives. Only First Aid will be administered and the student/parents/guardians will hold the Association's directors, officers, members, coaches, officials, servants, employees, agents or representatives harmless for any consequences of first aid and will assume the costs of such treatment. Reasonable attempts will be made to contact the parent/guardian/emergency contact, in the event of failure to do so the student/parent/guardian give permission for the Association's directors, officers, members, coaches, officials, servants, employees, agents or representatives to act on their behalf in the case of an emergency for the best medical interest of the student.

Applicant's Signature (Parent/Guardian's Signature if under 18) _____ Date: _____