



Ontario Taekwondo Association

2355 Keele Street, Suite 201
North York, Ontario M6M 4A2
Tel: (416) 245-8582 e-mail: otasecretarygeneral@yahoo.com

BLACK BELT – APPLICATION FOR MEMBERSHIP

Please make cheque payable to: Ontario Taekwondo Association

FEE: \$20.00

Please note that all memberships with the O.T.A. expires as of April 1, 2009. A student's membership is valid only if the Club (where you have a membership) is registered as an O.T.A. member in good standing.

Name: _____ D.O.B. _____ Gender: M / F

Address: _____ City: _____ Province: _____

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

Black Belt Dan/Poom Level: _____ Certificate No. _____ **(Must Attach Copy)**

Citizenship Status: Canadian _____ Permanent Resident: _____ Other: _____

(Proof of Citizenship/Permanent Resident must be provided for all Black Belts)

Information about your current Club / Master / Instructor:

Club Name: _____

Master/Instructor's Name: _____

Club Address: _____ City: _____ Province: _____

Has the above Master/Instructor approved your most recent Black Belt accreditation? Yes ___ No ___

If no, please provide who and where you received your most recent Black Belt accreditation:

Club Name: _____

Master/Instructor's Name: _____

Club Address: _____ City: _____ Province: _____

If you do not have a Master/Instructor, would you agree to have your future gradings conducted by the Ontario Taekwondo Association? Yes ___ No ___

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

In consideration of the acceptance of the Applicant as a member of the Ontario Taekwondo Association (O.T.A.) 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 O.T.A. 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 O.T.A. whether caused by negligence of any of the O.T.A.'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. I hereby give permission for images of myself, captured during regular and special O.T.A. activities through video, photo and digital camera, to be used for the purposes of the O.T.A.'s web site, promotional material and publications, and waive any rights of compensation or ownership thereto. I understand that the O.T.A. will not disclose any personal information, unless specifically allowed by the Privacy Act or another law. Without listing the generality of the foregoing, the Applicant (Parent or Guardian) further releases the O.T.A. from any recourse which the Applicant may now have or hereafter have resulting from any action or decisions of the O.T.A.

I agree that I will be responsible to pay the O.T.A. a returned cheque fee of \$50.00, should my payment be returned by the bank as NSF or for any other reason.

Applicant's Signature: _____ Date: _____
(18 years and older)

Parent/Guardian's Signature: _____ Master Instructor's Signature: _____
(if Applicant is under 18 years)