TAEKWONDO NB APPLICATION FORM / D'APPLICATION

(PLEASE PRINT / IMPRIMER S.V.P.) **Membership expiration date is August 31 of every year - Registration Fee $30.00**

ATTENTION: 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: _____

WTF INSTRUCTOR LEVEL AND CERTIFICATE NUMBER/
NIVEAU D'INSTRUCTEUR WTF ET NUMERO: _____

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 and that a "day care / after school / pickup Tae kwon do program" applicant, is to use this form. 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

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