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# TAEKWONDO ASSOCIATION OF BARBADOS

Club Name \_\_\_\_\_ (Established \_\_\_\_\_ )

## 2017 INSURANCE / MEMBERSHIP APPLICATION

Please print all details clearly

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (c) \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: d \_\_\_\_ /m \_\_\_\_ /y \_\_\_\_

MALE/FEMALE \_\_\_\_\_ RANK \_\_\_\_\_ KUKKIWON No \_\_\_\_\_ KORYO No \_\_\_\_\_

DO YOU WISH TO RECEIVE CLUB INFORMATION VIA EMAIL (y/n) \_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

### MEMBER ENROLMENT AGREEMENT

1. Whilst (Club name) \_\_\_\_\_ shall provide advice and structured Taekwondo classes for its members and will take all precautions to ensure the safety and well being of its members, I waive all / any claim right or cause of action which I or my heirs, executors and administrators might otherwise have for or arising out of loss of life or injury, damage or loss or any description whatsoever which I may suffer whether or not the loss, injury or damage is attributed to the act neglect of (Club name) \_\_\_\_\_, its personnel, agents, proprietors or the willful act of its personnel or agents and whether or not it occurs on the Club premises or elsewhere or in the events which would constitute a fundamental breach of Contract or breach of a fundamental term thereof.

2. We will not use or teach Taekwondo outside the Club's premises.

3. We acknowledge having read the conditions, rules and regulations for the conduct of the Club and I agree at all times during the period of my membership that I will observe and be bound by the rules and regulations of the Club and every part thereof and I agree to pay to the Club the cost of making good or restoring any damage caused by my or any persons visiting the Club at my invitation.

4. (Club name) \_\_\_\_\_ reserves the right to extend or revoke this membership at any time without explanation and to demand the removal of any member or a person invited by him/her who is engaged in prolonged loud talking, aggressiveness, bad language or any immoral act or conducts him/her self in any manner which constitutes a nuisance to other members or any act or thing which will hold the Club in disrepute. No refund shall be given to any member or his guest who is removed.

5. (Club name) \_\_\_\_\_ will not be held responsible for any pre-existing injury, ailment or disease for which you are presently taking medication or any disability which might affect your ability to actively participate in taekwondo or any of the facilities provided by the Club.

6. Any material non-disclosure will render this agreement voidable at the option of

(Club name) \_\_\_\_\_.

7. I acknowledge that I have received and read the Member's Procedure, the terms of which I agree to observe.

I acknowledge that this is a binding agreement, which shall not be cancelled by me.

I acknowledge that during all such times whilst on (Club name) \_\_\_\_\_'s premises, both my property and my person shall be at my own risk and I will not hold

(Club name) \_\_\_\_\_ liable for any personal injury or loss of property.

I acknowledge that this agreement may not be transferred to any other person without the consent of

(Club name) \_\_\_\_\_.

**Accepted on behalf of (Club name)** \_\_\_\_\_

**Instructors Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Dated:** d \_\_\_\_/m \_\_\_\_ /y \_\_\_\_

**Members Agreement has been read. Yes No**

**Applicants Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Dated:** d \_\_\_\_/m \_\_\_\_ /y \_\_\_\_

\*\*\*\*\*

**Individual Membership Application Reviewed: Y N**

**Executive Council Approval granted: Y N**

**President/ Sec-Gen Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Dated:** d \_\_\_\_/m \_\_\_\_ /y \_\_\_\_

\*\*\*\*\*

**Youth Member (18 or under) this part must be signed by your parent or guardian.**

I certify that I am the Parent / Guardian of: \_\_\_\_\_ who is \_\_\_\_\_ years of age and that He / She has my consent to participate at the (Club name) \_\_\_\_\_ and / or any event, activity or facility supplied or provided by (Club name) \_\_\_\_\_.

**Signed (Parent / Guardian):** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Dated:** d \_\_\_\_/m \_\_\_\_ /y \_\_\_\_

Individual Membership Application (Youth) Reviewed: Y N

Executive Council Approval granted: Y N

President/ Sec-Gen Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: d \_\_\_\_/m \_\_\_\_ /y \_\_\_\_

{Individual Membership Fee: \$150.00 per year. This fee includes TAB membership fee, and the premium for personal accident insurance coverage}

Website: [http:// taekwondobarbados.org/](http://taekwondobarbados.org/) Email: [info@taekwondobarbados.org](mailto:info@taekwondobarbados.org)

**A Passport Size Color Photo is required with all membership applications**

**Please print all details clearly**