# GTMA Membership Form

NAME_____

ADDRESS_____ POSTAL CODE_____

PHONE #_____ E MAIL_____

BIRTHDATE (day/month/year)_____AGE:_____ M_____ F_____

PARENT /GUARDIAN NAMES_____

PLEASE LIST ANY MEDICAL INFORMATION INCLUDING ALLERGIES, ASTHMA, ETC. THAT MAY BE RELATED TO EMERGENCY MEDICAL TREATMENT OR THAT MAY AFFECT PARTICIPATION IN THE ACTIVITY OF THIS ORGANIZATION.

I _____ hereby make application to Global TaeKwon-Do Martial Arts (GTMA) for membership in the organization. I agree to abide by the rules and regulations of the Global TaeKwon-Do Martial Arts (GTMA) as laid out and contained in the policies and rules of the organization.

RELEASE AND INDEMNIFICATION:

In consideration of my acceptance in GTMA. I AGREE TO RELEASE AND INDEMNIFY AND SAVE HARMLESS (to protect the organization from any and all loss and injury to themselves) the GTMA, its officers and employees, from and against all claims and losses or damage to my person or property however caused, arising out of, or in connection with my participation in GTMA and not withstanding that such occasioned by the employees or officers.

I also agree that medical treatment will be first aid treatment only.

It is understood that this agreement is to be binding on myself, my heirs, executors, administrators and assigns.

SIGNATURE OF APPLICANT OR PARENT/GUARDIAN_____

DATE_____

Please check one of the following that is most applicable to your Aboriginal ancestry**:

ù Status/Treaty Non Status

ù Métis Inuit

** Providing this information is voluntary and will be used for statistical purposes for Sask Sport only. It will not be used by Global TaeKwon-Do Martial Arts for any other prohibited preference as per *The Saskatchewan Human Rights Code*

$10 GTMA membership fee effective _____