

Victory Taekwondo Chung Do Kwan Association



Membership Application

First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Email Address _____

TKD School Name _____ Gender: male female D.O.B. _____

Current Rank: (check one)	<input type="checkbox"/> Mighty Kid _____ stripe	<input type="checkbox"/> Gup student _____ belt	<input type="checkbox"/> Black Belt _____ Dan
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(for Black Belts only)
 Dan Promotion Dates: 1st Dan: _____ 2nd Dan: _____ 3rd Dan: _____
 4th Dan: _____ 5th Dan: _____ 6th Dan: _____

The annual membership fee for the Victory Taekwondo Chung Do Kwan Association is \$85 due by January 1st of each year. Your initial membership fee may need to be prorated based on your enrollment month. Your initial membership fee includes an official VTCDKA I.D. card and association patch.

Please make checks out to your school.

	Individual Fee	Family Fee per Family*
January-March	\$35.00	\$85.00
April-June	\$26.25	\$69.00
July-September	\$17.50	\$46.00
October-December	\$ 8.75	\$23.00

* Family memberships require 3 or more family members joining or renewing at the same time.

I hereby make application for membership in the above mentioned organization, and upon acceptance, I sincerely pledge to obey all rules and regulations which are set up for the purpose of keeping the order of the association and for the protection of students from injury. I recognize that a risk is involved in this art, thus requiring my adherence to these rules and regulations and to the Instructor's discipline.

I further affirm that I am in good health and I am aware that all activities including but not limited to physical training, sparring and all other activities inherent to participation in the martial arts are entirely voluntary. I am aware that I can elect not to take part in any activity, which I feel may involve some element of risk or discomfort to me.

Accordingly, I accept all conditions of membership incorporated in this application, instructional manuals as well as other oral or written directives given by the Senior Instructor, instructors, or higher ranking students. I agree to hold harmless and indemnify the organization and/or affiliated associations and all instructors, members and authorized guests from liability for damages for any injuries, including but not limited to death and disability arising from any of the activities of the organization. I also understand that any treatment for injuries that I may sustain will be of a first aid type only, given with my permission, and I fully understand that the provider may not be a trained medical person.

Applicant Signature: _____ Date: _____

Signature: _____ Date: _____

(Parent or Guardian's Signature if applicant is under 18)

For Office Use Only:	Date								
	Amount								
MIN.	Check #								