



# Ontario Taekwondo Association

9078 Leslie Street, Unit 6, Richmond Hill, Ontario L4B 3L8

Tel: (416) 245-8582 e-mail: [otatkinfo@gmail.com](mailto:otatkinfo@gmail.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, 2012. 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:		Date of Birth (mm/dd/year)	Gender: (circle one) Male or Female
Address:		City, Province & Postal Code:	
Telephone:	E-mail:		
Black Belt Dan/Poom Level:	Certificate No.: (Attach a copy of Certificate with application)		

Citizenship Status: (Please attach proof of Citizenship/Permanent Resident Status)

Canadian:	Permanent Resident:	Other:
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Club Name:	Master/Instructor Name:
Club Address:	City, Province & Postal Code:

Has the above Master/Instructor approved your most recent Black Belt accreditation?

Yes

No

If no, please provide who and when you received your most recent Black Belt accreditation.

Club Name:	Master/Instructor Name:
Club Address:	City, Province & Postal Code:

If you do not have a Master/Instructor, would you agree to have your future gradings conducted by the Ontario Taekwondo Association?

Yes

No

### **Please ensure that you have included the following:**

1. Membership fee of \$20.00;
2. Copy of Kukkiwon Certificate;
3. Copy of Proof of Residency (*please include one of the following*):
  - Canadian Passport
  - Canadian Birth Certificate
  - Canadian Citizenship card/certificate
  - Proof of Landed Immigrant status (permanent resident card, landed immigrant papers, immigrant visa)
4. Certificate of Residency and Citizenship



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## CERTIFICATE OF RESIDENCY AND CITIZENSHIP

I, \_\_\_\_\_, hereby certify and solemnly declare that:  
*(PRINT your first and last name)*

**I am a Canadian Citizen or Landed Immigrant and I have been a permanent resident of Canada for at least six (6) months prior to the date written on this membership application form.**

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*(City)*

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Independent witness)*

### 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 (18 years and older)	Date:
Parent/Guardian's Signature: (if Applicant under 18 years of age)	Date:
Master/Instructor's Signature:	Date: