



International Taekwon-Do Federation (I.T.F.)
CHOONG-MOO TAEKWON-DO DOJANG
國際跆拳道聯盟 加拿大忠武館總部



APPLICATION FORM 学员申请表

GENDER 性别	Male 男 / Female 女	MEMBERSHIP #
LAST NAME 姓		
FIRST NAME 名		

HOUSE/APT# 住址门牌号	
STREET 街名	
TOWN / CITY 城市	
PROVINCE 省份	Ontario
POSTAL CODE 邮编	

D.O.B. 出生日期	YYYY / MM / DD
Height 身高	cm
Do you suffer any conditions? 身体状况有任何的特殊情况吗?	
N 无 / Y 有:	

Phone #1 联系电话1	
Phone #2 联系电话2	
EMERGENCY CONTACT # (If not same as above number) 紧急联系电话号码 (如果与上面提供的联系号码不同)	
NAME 姓名	
PHONE # 电话号码	

How do you know our school? 您如何得知我们的学校?		
1. Friend 朋友	2. Flyer 传单	3. Poster 海报
4. Walk in 路过	5. Other 其他途径:	

E-MAIL 邮件地址	
Other contact information 其它联系方式	

Your Schedule 您的上课时间	

I understand that my participation involves certain risks and regardless of the precautions taken by the organizer, some injuries may occur. I agree to waive all claims against any person(s) or Choong-Moo Taekwon-Do Dojang or 2237304 Ontario Inc. connected with this course from any injuries I (partipant) may sustain and likewise assume full responsibility for all my actions in connection with this program. I further agree that any pictures or videos taken of or by me in connection with the program can be used for publicity or promotion with compensation at this or any other time.

PARENT / GUARDIAN SIGNATURE (IF STUDENT UNDER 18 OF AGE)	
Signature:	
Print Name:	
DATE SIGNED	YYYY / MM / DD

APPLICANT	
Signature:	
Print Name:	
DATE SIGNED	YYYY / MM / DD

