



# Dragan Caoin TaeKwon-Do Osler

Chris Mackintosh, Box 209, Osler SK. S0K 3A0

Phone cell 260-4500

[cjmackintosh@sasktel.net](mailto:cjmackintosh@sasktel.net) Location: Parcel A of NE ¼ of 18-39-04-03

Fees: \$150.00 / 12 weeks. \$100.00 per additional family member, \$60.00 per adult

Includes Black Belts.

Maximum \$300.00 per family unit.

## Membership Application

**NOTE:** All information must be complete and the form must be signed by the participant and/or h/er legal guardian before Dragan Caoin TaeKwon-Do will undertake to offer instruction in any form whatsoever. **Make Cheque payable to Dragan Caoin TKD or etrans to [cjmackintosh@sasktel.net](mailto:cjmackintosh@sasktel.net).** You can cancel this contract at any time within 14 days after you signed it by sending a registered letter, telegram, or notice by personal delivery to the above address.

Please Print

Name \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex : Male \_\_\_\_\_ Female \_\_\_\_\_  
(Year/month/date)

Name of Parent(s) or Guardian(s) \_\_\_\_\_

Medical Insurance Number \_\_\_\_\_

Please list any medical information including allergies, asthma etc that may be related to emergency treatment or that may affect participation in the activities of Dragan Caoin TaeKwon-Do on the reverse side of this form.

Previous Martial arts experience and recognized rank \_\_\_\_\_

How did you learn about this organization? \_\_\_\_\_

(Applicant or parent/guardian if under 18 years)

I, \_\_\_\_\_ hereby make application to Dragan Caoin TaeKwon-Do for membership in the organization. I agree to abide by the rules and regulations of the organization.

**Please read and complete the information on the reverse side of this application.**

## Release and Indemnification

**I hereby release Dragan Caoin TaeKwon-D0 and staff from any liability with respect to damage or injury that I may suffer during participation in physical activity except where the damage or injury is caused by the gross and willful negligence of the staff within the scope of their duties.**

I also agree that medical treatment on the occasion of injury will be of first-aid treatment only and participant or member agrees to give his/her permission for such first-aid treatment as may be deemed necessary until such time as suitable medical treatment can be arranged for or provided.

Lastly, I also agree to waive any compensation whatsoever and hereby give my permission for Dragan Caoin Taekwon-Do and Osler TKD to use of pictures of me including any videotapes, media coverage, statements, interviews etc.

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(Signature of applicant)

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(Signature of Parent/Guardian if Applicant is under 18 years of age)

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(Date)

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(Signature of Authorized Representative of Dragan Caoin TaeKwon-Do)

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

- Status/Treaty
- Non-Status
- Métis
- Inuit

\*\* Providing this information is voluntary and will be used for statistical purposes, only. It will not be used by Dragan Caoin TKD for any other prohibited preference as per *The Saskatchewan Human Rights Code*

List of Medical Information

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