

FOR COMMUNITY TAEKWONDO

Choong Sil Taekwondo Federation

Gold Membership

\$40 a year

This includes:

- National Testing & Rank Certification
- Free CTF Sponsored Seminars and Special Activities
- School Visitation Privileges
- Access to Student Testing, Board Breaking and Tournament History on the CTF website.
- CTF Patch & Membership Card
- CTF Regional & National Tournament System
- International and National Affiliated Tournaments
- CTF Sponsored Black Belt Camps for Adults
- \$100,000 Supplemental Student Accident Insurance

FOR CTF SPONSORED EVENTS

Subject to a \$500 deductible per event

FOR COMMUNITY TAEKWONDO

CHOONG SIL TAEKWONDO FEDERATION, INC. INDIVIDUAL MEMBERSHIP APPLICATION Version—1/1/20

CTF GOLD MEMBERSHIP

First Name:		Last Name:		Phone: ()	
Street Address:				Birth Date (mm/dd/yy):	
City:		State:	Zip:	Belt Size:	
E-mail address (please print clearly):			Age:	Sex (M/F):	
Current Rank:	E-mail directly to me: <input type="checkbox"/> Tournament Information		<input type="checkbox"/> Monthly Newsletters <input type="checkbox"/> Everything		Select Membership Type <input type="checkbox"/> G -ANNUAL MEMBERSHIP FEE—\$40.00 <input type="checkbox"/> GF —ADDITIONAL FAMILY MEMBERS (AFTER 1ST TWO FULL MEMBERSHIPS) - \$20.00 <input type="checkbox"/> LD —LITTLE DRAGON MEMBERSHIP—\$20.00 (Age 6 & under—Under Yellow Belt)
CTF Student No.	TKD School: 102	Expiration Date:			

Please be sure to sign below. You will receive a CTF membership card once your membership is processed.

**ADDITIONAL
FAMILY MEM-
BERSHIPS:**
You may enroll
up to 3 family
members per
form. Please list
family members
2 & 3's names
here.

Mem Type: <input type="checkbox"/> G <input type="checkbox"/> GF <input type="checkbox"/> LD	First Name:	Last Name:	Birth Date (mm/dd/yy):	Age:
		Current Rank:	Belt Size:	Sex (M/F):
Mem Type: <input type="checkbox"/> G <input type="checkbox"/> GF <input type="checkbox"/> LD	First Name:	Last Name:	Birth Date (mm/dd/yy):	Age:
		Current Rank:	Belt Size:	Sex (M/F):

APPLICATION FOR MEMBERSHIP IN THE CTF

By signing below I, and/or the students, agree to abide by all the rules of the CTF and always conduct myself in a manner which will bring honor to myself, my Taekwondo school and to the CTF from _____ until such time as my membership (including renewals) expires.

I, and/or the students, acknowledge that I/we have read the full membership application and understand the risks involved. I acknowledge that the student(s) is both physically and emotionally capable of participating in all activities.

I, and/or the students, understand the risks outlined above and the waiver and release of liabilities as outlined there.

I authorize the CTF to use pictures of the students for promotional activities such as news releases, websites, promotional flyers, brochures, etc.

☐ YES ☐ NO

I currently have Health and Accident Insurance for all students listed.

☐ YES ☐ NO

AGE

Name of Student 1 (Please print)

Signature of Student

Name of Student 2 (Please print)

Signature of Student

Name of Student 3 (Please print)

Signature of Student

Name of Signatory (Please print)

Signature of Parent or Guardian (If student is under 18)

If any student is under age 18, BOTH the student and their parent or guardian must sign.