



Islamic Association of Saskatchewan, Regina Inc.

Sports Development Committee

3273 Montague Street, Regina, S4S 1Z8

Tel (306) 515-1412

Email: sports@iaosregina.com

### **Application for Club Membership (Minor)**

**Club: Taekwondo**

**Membership Year: 2021**

**Fees:** \$50/month for 1st child, \$40/month for 2nd child, \$30/month for 3rd child, etc.

(Fees are due upon registration)

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Height: \_\_\_\_\_ cm

Resting heart rate: \_\_\_\_\_ bpm

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Health Card Number: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

**For Medical Treatment (Minor)**

As the parent or legal guardian of the above-named child, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Liability Waiver**

I, the parent or guardian of the registrant, a minor, agrees that I and the registrant will abide by the rules and regulations of IAOS sports clubs and their affiliated. Recognizing the possibility of physical injury associated with sports and in consideration for IAOS accepting the registrant for its sports program and activities ( "Taekwondo"), I hereby release, discharge and/or otherwise indemnify IAOS, its affiliated clubs and sponsors, their volunteers and associated personnel, including the owners of fields and facilities utilized for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program. I hereby authorize.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Administration Area**

Management/Instructor's Name & Signature: \_\_\_\_\_

Enrolment Date: \_\_\_\_\_