INSTITUTE _____

NATIONALITY_____

BELT SIZE _____

PICTURE

1” X 1”

TAE PARK TAE KWON DO

BLACK BELT TESTING APPLICATION

NAME (LAST) _____ (FIRST) _____ (M.I.) ____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ D.O.B. ___/___/_____ AGE _____ WEIGHT _____ HEIGHT_____

PHONE _____ EMAIL _____

ANY PHYSICAL / MENTAL PROBLEMS IN TAKING THIS TEST? Yes No

IF YES, PLEASE EXPLAIN: _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

START DATE ____/____/_____ LAST PROMOTION DATE ____/____/_____

PRESENT RANK 8th Dan APPLIED RANK 9th Dan

TRAINING AT _____ INSTRUCTOR _____

I/WE UNDERSTAND THAT THE PROMOTION TEST FEE IS $_____, AND I/WE HAVE MADE (or agree to make) FULL PAYMENT OF THE TEST FEE. I/WE AGREE THAT THE TEST FEE IS NON-REFUNDABLE UNDER ANY AND ALL CIRCUMSTANCES. IN CONSIDERATION THAT A RISK MAY BE INVOLVED, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE ASSOCIATION, PRESIDENT, INSTRUCTORS, JUDGES, STUDENTS, AND AUTHORIZED GUESTS FROM ALL RESPONSIBILITIES AND ALL CLAIMS FOR INJURIES I/WE MAY RECEIVE WHILE TAKING THIS TEST.

DATE ____/____/_____ APPLICANT’S SIGNATURE _____

GUARDIAN'S SIGNATURE (if under 18 years of age) _____

1/ INSTRUCTOR'S SIGNATURE REQUIRED _____

2/ IF YOU SO WISH TO OBTAIN THE REGISTRATION/CERTIFICATION FOR THE WTA, KKW, ITF, WTF, WMA, WMF, ACTA THEN CONTACT YOUR INSTRUCTOR BEFORE YOU APPLY FOR THIS TEST.

Rev. 3/1/2013

TEST FEE _____ AMOUNT PAID _____ BALANCE _____ RECEIVED BY _____