

INSTITUTE _____

NATIONALITY _____

BELT SIZE _____



**WORLD CLASS
TAE KWON DO**

PICTURE

1.25" x 1"

BLACK BELT TESTING APPLICATION

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

ADDRESS _____ CITY _____

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

PHONE _____ EMAIL _____ M/F _____

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

IF YES, PLEASE EXPLAIN: _____

IN CASE OF EMERGENCY CONTACT _____ PHONE _____

START DATE ___/___/___ LAST TEST DATE ___/___/___

PRESENT RANK _____ APPLIED RANK _____

TRAINING AT _____ INSTRUCTOR _____

INSTRUCTOR PHONE _____ EMAIL _____

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 IDEMNIFY AND HOLD HARMLESS THE ORGANIZATION, PRESIDENT, INSTRUCTORS, JUDGES, MEMBERS, AND AUTHORIZED GUESTS FROM ALL RESPONSIBILITIES AND ALL CLAIMS FOR INJURIES I/WE MAY RECEIVE WHILE TAKING THIS TEST.

APPLICANT'S SIGNATURE _____ DATE ___/___/___

GUARDIAN'S SIGNATURE (if under 18 years old) _____

INSTRUCTOR'S SIGNATURE (REQUIRED) _____

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

FOR OFFICE USE ONLY

TEST FEE _____ AMOUNT PAID _____ BALANCE _____ RECEIVED BY _____

