



TAE PARK TAE KWON DO COLOR BELT TESTING APPLICATION

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

ADDRESS _____ CITY _____

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

GENDER _____

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 _____ APPLIED RANK _____

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

DATE ___/___/____ APPLICANT'S SIGNATURE _____

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

For Instructor Use Only

I/ INSTRUCTOR'S SIGNATURE REQUIRED _____
Rev. 3/1/2013

TEST FEE _____ AMOUNT PAID _____ BALANCE _____ RECEIVED BY _____

BELT SIZE _____