

Nationality: \_\_\_\_\_

# Tae Park Tae Kwon Do

## WEST MICHIGAN

1"x1"  
passport style photo  
Black Belts only

Belt Size: \_\_\_\_\_

### Testing Application

NAME (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (M.I.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

D.O.B. \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ PHONE \_\_\_\_\_

ANY PHYSICAL PROBLEMS IN TAKING TEST? Y / N  
IF YES, PLEASE EXPLAIN:

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

START DATE \_\_\_\_\_ LAST PROMOTION DATE \_\_\_\_\_

PRESENT RANK High Green APPLIED RANK Low Blue

TRAINING AT Journey Christian Church INSTRUCTOR Mr. Gartland

I understand that the promotion test fee for myself is \$ 60.00, and I have made (or agreed to make) full payment of the test fee. I agree that the test fee is non-refundable under any and all circumstances.

In consideration that a risk may be involved in the test, I hereby release the Association, President, Instructors, Judges, Members, and Authorized Guests from all responsibilities and all claims for injuries I may receive while taking the test.

DATE \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

GUARDIAN'S SIGNATURE (If Under 18 Years of Age) \_\_\_\_\_

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TEST FEE \_\_\_\_\_ ATTENDANCE RECORD \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ PERFORMANCE IN CLASS \_\_\_\_\_

BALANCE DUE \_\_\_\_\_ RECOMMENDED BY \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_