

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 Red 4 APPLIED RANK Red 3

TRAINING AT Journey Christian Church INSTRUCTOR Mr. Gartland

I understand that the promotion test fee for myself is \$ 25.00, 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 _____