

TAE PARK TAE KWON DO COLOR BELT TESTING APPLICATION

NAME (LAST)		(FIRST)		(M.I.)
ADDRESS		CITY		
STATEZIP_	D.O.B/_	AGE	WEIGHT	HEIGHT
GENDER				
PHONE	EMAIL_			
ANY PHYSICAL / MI	ENTAL PROBLEMS II	N TAKING THIS	ΓEST? Yes	No
IF YES, PLEASE EXI	PLAIN:			
IN CASE OF EMERGENCY CONTACT		PHONE		NE
START DATE/_	<u> </u>	LAST PROM	MOTION DATE_	
PRESENT RANK		APPLIED RANK		
TRAINING AT		INSTR	UCTOR	#
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 SI	GNATURE		
GUARDIAN's SIGNA	TURE (if under 18 yea	rs of age)		
For Instructor Use Only				
I/ INSTRUCTOR'S SIGNATURE REQUIRE Rev. 3/1/2013	D			
TEST FEE	AMOUNT PAID	BALANCE	REC	EIVED BY
BELT SIZE				