



CHUNG DO KWAN OF AMERICA TAE KWON DO ASSOCIATION
PROMOTIONAL TESTING APPLICATION

청도관 태권도

CHECK HERE FOR CHANGE OF ADDRESS

TAE KWON DO SCHOOL: _____ AGE: _____

NAME: _____
(first, middle initial, last)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E MAIL: _____
(999) 999-9999

DATE OF BIRTH: _____ DATE STARTED TKD: _____
mm/dd/yy mm/dd/yy

PRESENT RANK: _____ (R or D) DATE RECEIVED: _____
(grade & color) mm/yy

HEIGHT: _____ WEIGHT: _____ SEX: _____ BELTSIZE: _____

1. I PROMISE NEVER TO USE THIS KNOWLEDGE EXCEPT TO AVOID PERSONAL INJURY OR HARM. (INDIVIDUAL SUBJECT TO IMMEDIATE DISMISSAL FOR VIOLATION)
2. NO HORSE PLAY IN SCHOOL, USE ONLY PRESCRIBED TECHNIQUES.
3. NO SHOES, JEWELRY OR SHARP OBJECTS IN WORKOUT AREA.
4. NO SMOKING OR CHEWING GUM IN WORKOUT AREA.
5. ADDRESS THE INSTRUCTOR ACCORDINGLY (YES SIR, NO SIR, MISS., MR., ECT...)
6. NEVER TALK BACK TO INSTRUCTORS OR SENIOR STUDENTS.
7. I AM IN GOOD HEALTH OR HAVE MEDICAL APPROVAL TO ENGAGE IN THE SELF DEFENSE TRAINING OF TAE KWON DO.
8. I AGREE TO HOLD CHUNG DO KWAN OF AMERICA TAE KWON DO ASSOCIATION, RICH COULSON, WARREN SCOTT PHELPS, INSTRUCTORS AND ALL OTHER PERSONS HARMLESS IN THE EVENT OF PERSONAL INJURY RESULTING FROM MALICIOUS OR NORMAL USE OF TECHNIQUES. I FURTHER ASSUME ALL RISKS THAT ARE PART OF THIS TRAINING.

STUDENT'S SIGNATURE DATE

PARENT OR LEGAL GUARDIAN'S SIGNATURE DATE
IF UNDER 18 YEARS OF AGE