

Lofquist Institute Tae Park Tae Kwon Do

Testing Application

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

ADDRESS _____ CITY _____ STATE _____ ZIP _____

D.O.B. ____/____/____ AGE _____ WEIGHT _____ HEIGHT _____

MALE _____ FEMALE _____ BELT SIZE _____ PHONE _____

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

EMERGENCY CONTACT _____ PHONE _____

START DATE _____ LAST PROMOTION DATE _____

PRESENT RANK _____ APPLIED RANK _____

TRAINING AT _____ INSTRUCTOR _____

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

TEST FEE _____

ATTENDANCE RECORD _____

AMOUNT PAID _____

PERFORMANCE IN CLASS _____

BALANCE DUE _____

RECOMMENDED BY _____

RECEIVED BY _____

DATE _____