



THAN-PHONG INTERNATIONAL MARTIAL ARTS FEDERATION

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BLACK BELT TEST APPLICATION

1-POOM / DAN

Weapon Seminar Certificate #: _____

Date: _____

Black Belt Seminar Certificate #: _____

Name of Applicant (Nombre): _____

Date of Birth (Cumplanos): _____ Sex: _____ Age: _____

Address (Direction): _____

Home Phone: _____ Cell phone: _____

Email: _____

Date Started: _____ Number of Months: _____

Present Rank: _____ Requesting Rank: _____

Agreement

The applicant acknowledges his/her sole responsibility for his/her own safety, health and mental condition and hereby indemnifies and holds harmless to Than-Phong Taekwondo Institute, its agent and employees against any injuries or damage to the applicant resulting or arising out of the course of training and testing or contest associated or connected therewith. The applicant and parents or guardian acknowledge the rules of Than-Phong Taekwondo Institute and safety equipment use required during practice and training for all participants; and agree that no fees of any type can be refunded under any circumstances.

El candidato reconoce su responsabilidad por su salud fisica y mental, y por este medio indemniza y no detiene danos a Than-Phong Taekwondo Institute, sus agentes y sus empleados contra cualquier reclamo o demanda por dano al CANDIDATO resultando en este curso, en las ejercicios, en los exámenes, y en los concursos asociados con este programa.

Applicant's Signature (Firma del Candidato): _____ Date _____

Parent or Guandian (if applicant under 18): _____

(Firma de Padres o Tutor si el candidato tiene menos 18 anos)