

Team Master Frank's Black Belt Test Registration Form

First Name: _____ MI. _____ Last Name: _____

Home Address: _____ E-Mail: _____

Home Phone: _____

Current Membership(s):

MFTKD: Yes/No _____

Work Phone: _____

USCDKA: Yes/No _____

Cell Phone: _____

Portfolio: Yes/No _____

I request to be evaluated for my next rank in accordance to ALL regulations of Master Frank's TKD Academy, USCDKA, and Grandmaster Frank Loureda. If I am promoted to the next belt, I will eagerly accept the new responsibilities and do all that I can do to strengthen this school. I also understand that if I am injured during this examination, class activity time or any other event, I am solely responsible and I will not hold Master Frank's Taekwondo Academy, the USCDKA, Grandmaster Frank Loureda, or any instructor (s), student(s), or staff liable for that injury. As a minor, my parent(s) and I agree to all the above. If I am an adult, I am solely responsible for myself, and I agree to the above.

Parent(s) Signature: _____

Athlete(s) Signature: 17yrs old & Under _____

Date: _____

OFFICIAL USE ONLY

SPARRING TECHNIQUE	SPEED	POWER	CONTROL	BALANCE	FOCUS	INTENSITY	TIMING	KICKS	HANDS	TOTAL SCORE

ONE-STEP SPARRING	SPEED	POWER	CONTROL	BALANCE	FOCUS	INTENSITY	TIMING	KICKS	HANDS	TOTAL SCORE

POOMSAE	RESIST	SQUASH	POWER	CONTROL	BALANCE	FOCUS	CONCENTR	HANDS	KICKS	TOTAL SCORE

Overall Appearance: _____

Personal Attitude: _____

RESULTS: PASSED: _____ FAILED: _____

Evaluator: _____