



**THAN-PHONG INTERNATIONAL MARTIAL ARTS FEDERATION**  
22766 Cypresswood Drive, Spring, TX 77373 · Phone: 281-443-1015 / 713-240-6088  
Email: thanphongtaekwondo@gmail.com · Website: www.thanphongtaekwondo.com

## **BLACK BELT TEST APPLICATION**

### **2-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 examenes, 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)