CREIGHTON'S TAEKWON-DO

UNDER THE LEADERSHIP OF GRAND MASTER S. CREIGHTON – IX DAN

850 Tapscott Rd, Scarborough, ON M1X 1N4
Tel: (416) 409-4327
http://creightonstaekwon-do.com

TEST APPLICATION FORM

LAST NAME			FIRST NAME
ADDRESS			
PHONE NUMBER	AGE	SEX	INSTRUCTOR NAME

TEST FORM TO BE HANDED IN WITH PAYMENT TO INSTRUCTOR BEFORE TEST DATE

TIME:	TESTING DATE: MONTH:_____ DAY: _____ YEAR: _____
Testing location:	

I hereby submit my application to be tested at Woodbridge Taekwon-Do Group. I hereby waive any claims against any persons connected with the test for any injuries. I may sustain and likewise assume full responsibility for all my actions in connection with said test. I also agree and understand that the test fee is not refundable. I also agree to accept the final grade I receive as a result of my test.

PRESENT BELT LEVEL: Little Dragon White Belt	TEST FEE: $22.12	+HST $2.88	=$25.00

STUDENT SIGNATURE	PARENT SIGNATURE (if student is under 18 years old)

	A	B	C
Bow when entering and leaving the Do-Jang/ training area.			
Say "Taekwon" when bowing to all Instructors'.			
Say "Ne Sabonim" and "Aniyo Sabonim" to all black belts when answering any questions.			
Perform attention stance.			
Perform parallel ready stance.			
Name of all the Instructors.			
Make a proper fist and perform a left and right front punch in a **stationary position**.			
Perform a left and right punch in a **spot position. "For spot technique you must start from a parallel ready stance"**.			
Perform a left and right walking stance wedging block in a **stationary position** with the right and left leg.			
Perform a left and right walking stance wedging block in a **spot position**.			

GENERAL COMMENTS
FINAL RESULT: P F