High Rank & Certified Testing Registration Form

Testing For: (check one) Rank Certification Cost: (See your instructor) How to Register: Complete this form and give it to your instructor. Deadline for Registration: Testing for 3rd Degree & up as well as certification must be received one month before the national event in order to test.			
		Any registrations received after this date will re registered for testing!	esult in the form being returned and the student not being
		Name	Age
		Date of Birth Current Rank	
Testing for Rank: Number of Boards Needed	Size of Boards Needed		
Testing for Certification: Number of Classes Taught	t Number of Events Attended		
I have all organizational Patches on my Uniform and TU co-branded gear for testing: Yes No National Event Date & Location Requesting to Test			
		I, the instructor of the above named student, h	ereby certify that the student has met all the qualifications and is
ready for testing.			
Chief Instructor			
(PLEASE PRINT YOUR NAME)			
associated dangers. In recognition of the possible dawaive any right of cause of action of any kind whatso could accrue to Taekwondo United, Inc., or their age claims against any person(s) or organization(s) connelikewise assume full responsibility for all actions in come in connection with said testing may be used by this time or any other time. I, the undersigned, do he	pation will include strenuous exercise and body contact along with the angers connected with any physical activity, I knowingly and voluntarily over arising as a result of such activity from which any liability may or ents, officers, employees, school owners, or instructors. I agree to waive ected with the high rank testing for any injuries that I might sustain. I connection with said testing. I further agree that any pictures taken of or by ournament directors for publicity or promotion without compensation at the activity of the promotion without compensation at the series on file with my Taekwondo United School or club.		
Participant Signature Date Parent or Guardian Signa	ture (if under 18) Date		
Date Received by Office:	Fee Received:		
Mail to: Jeremy Johnson 600 California Ave			

Email: jjohnsonunityma@gmail.com

St. Cloud, FL 34769

Phone: 407-709-7169