

CMA TAEKWONDO

GRADUATION PERMISSION SLIP

DATE: _____

COST: _____

Please return this application no later than

THERE WILL BE AN ADDITIONAL LATE CHARGE OF \$10.00 AFTER THE

Name: _____ **D. O. B.** _____ **Age:** _____ **M** **F**

PLEASE CIRCLE TYPE: DVD OR VHS **Belt Size:** _____ **ATA Number:** _____

I hereby submit this application together with the testing fee, so that I may take part in the rank promotion testing conducted by CMA Taekwondo. I understand that the examiner's decision is final and I will respect the decision. Regardless of the decision, I will continue to strive toward improving my mental, physical and technical standards. I also understand that my rank may be demoted partially or revoked entirely if my personal conduct is considered undesirable.

Signature of Member

(Parents, please fill out this section if your child is under 16 years of age)

I declare as the parent / guardian, that the above applicant's:

School work averages (check one): A B C D Other _____

Behavior at home (check one): A B C D Other _____

I would like to see this member improve in the area's of:

Physical Conditioning Confidence School Work
Discipline Reduce TV House Chores Obedience Other

Signature of Parent / Guardian: _____

	6	7	8	9	COMMENTS
FORM					
ONE-STEPS					
SPARRING					
BOARD BREAKING					
WEAPON I					
WEAPON II					
SELF-DEFENSE					
LOWER FORMS					
ATTITUDE					

Average Points: _____ **PASS** **RETEST**

Examiner's Signature _____

NOTE:

- Please come in a clean pressed, patched uniform. You can come in early for your testing to warm up.
- Parents can bring in camera or video cameras, this is a special event to remember.
- Testing fee must be paid in full on or before testing, or no rank will be given out.
- Any questions or concerns please call anytime (760) 940-6030 or email TkdOceansideATA@aol.com.

Have Fun and Good Luck!