



VOVINAM VIỆT VÕ ĐẠO
Hung Dao Martial Arts Academy
1807 Penwood Street, San Jose, CA 95133 - Phone: (408) 258-2654 - Email: hienp_00@yahoo.com

Application for Examination

Master Chairman of the examination board of Hung Dao Martial Arts Academy,

Dear Sir,

My name is: (last name) _____ (first name) _____

Date of birth: _____ Birth place _____

Height: _____ Weight: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Work phone _____

I have completed the training program of: _____

At (school): _____ my Master's or Instructor's name: _____

Please enroll my name on the competition list for level of: _____

On the date: _____ at (city): _____

I accept the risk of all injuries may happen while undergoing competition and Belt Exam events and I will not hold the association liable therefore.

Signature of applicator: _____ Date: _____

(If examine under 18 years of age needed a legal guardian's signature)

I agree to accept all the responsibility for my child's participation in competition and Belt Exam events and will not hold the association liable therefore.

Signature of legal guardian: _____ Date: _____

Certify of Master or Instructor in charge

I certify for disciple (name of examine): _____

Has completed the training program of: _____

Signature of master or Instructor in charge: _____

Sign at: _____ Date: _____

“The Iron hand on the benevolent heart”