

# BLACK BELT TEST APPLICATION

**AIKCorp@gmail.com**

**www.AmericanInstituteOfKenpo.com**

**(520) 744-9004**

Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Testing For: \_\_\_\_\_ Meal:  Carnivore  Vegetarian

Current Belt Size: \_\_\_\_\_ Black Belt Size (Standard +1 Recommended): \_\_\_\_\_

<b>Base Test</b>	\$275.00
<b>Additional Item Cost totals</b>	
<b>Diplomas</b>	
<b>Coins</b>	
<b>Shirts</b>	
<b>Test Total</b>	

Cost Per Item	\$100.00	\$25.00	\$40.00								
1 of each Item is included with the Black Belt Test	Diploma	Challenge Coin	Adult Shirts				Ch Shirts				
			3X	2X	XL	L	M	S	L	M	S
Quantity											

Black Belt Promotion Requirements & Acknowledgments	Black Belt Test Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand and verify that I can and will meet all Black Belt Promotion Requirements by my test date. I further acknowledge that failure to do so will result in my failing my test without refund. Requirements: - Know all required techniques, sets, and forms - Complete the value report - Complete required reading, book report, and Rank Assignments (Senior Black Belts Only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand that I must complete and pass the pre-test to be eligible to test.	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand that the payment for my test is due on: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No I understand that, should my behavior and/or actions at any time during or after the test, be unbecoming of a Black Belt, and I fail to rectify that behavior, my behavior and/or actions can and will result in automatic revocation of my rank and honor without refund or reimbursement.	

Release & Consent		
I, the undersigned, do voluntarily submit my application for attendance and participation in the martial arts instructions and activities relates to that instruction at any of the American Institute of Kenpo (AIK) facilities.		
I do hereby assume full responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating in any activities sponsored, whole or in part, by the American Institute of Kenpo (AIK).		
I hereby waive all claims against the promoter, operator, or sponsors of any of these activities, for any claim for injuries that I may sustain.		
I fully understand that any medical treatment given to me will be First-Aid type treatment only.		
I further consent that any pictures furnished by me or any pictures taken of me in connections with any American Institute of Kenpo (AIK) activities can be used for publicity, promotion or media showing, and I waive compensation in regard thereof.		
If under the age of 18, this release and consent to participate, must also be signed by parent or guardian.		
_____	_____	_____
Candidate's Signature	Guardian's Signature (If under 18)	Date

Financial Responsibility	Payment Due Date:
The undersigned agrees to pay all above listed fees (Grand Total). The undersigned understands that the size and quantity of items listed above will be specially ordered and are not exchangeable or subject to refund. The undersigned agrees and understands that in the event that they cancel their test for any reason on or prior to the day of testing and after making the above listed payment that they will only receive a \$150.00 refund on their test (Grand Total).	
The undersigned also acknowledges that if fees are not paid by the above listed application due date there will be an additional \$100.00 late registration fee added to the total payment and the belt and/or diploma may not be available at the time of the graduation. In addition the candidates name will not appear on the t-shirts and they will not receive one.	
The undersigned has read and understands the provisions of this document and acknowledges that no other verbal agreements have been made.	
_____	_____
Financially Responsible Name (Print)	Date
_____	_____
Financially Responsible Signature	Date