



VOVINAM VIỆT VÕ ĐẠO
QUANG TRUNG - BOSTON, MA



BELT EXAM APPLICATION

Applicant's Full Name: _____

Date of Birth: _____ Gender: _____

Current Rank: _____ Weight: _____ Height: _____

Exam Level:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Self Defense | <input type="checkbox"/> Blue Belt I | <input type="checkbox"/> Blue Belt II | <input type="checkbox"/> Blue Belt III |
| <input type="checkbox"/> Yellow Belt | <input type="checkbox"/> Yellow Belt I | <input type="checkbox"/> Yellow Belt II | <input type="checkbox"/> Yellow Belt III |

Location: Vovinam Quang Trung Boston Date: _____

I certify that I have paid the non-refundable exam fee of \$30 and have voluntarily submitted this form to Vovinam Quang Trung Boston, Inc. (VQTB). I agree to abide by all its rules and regulations. I also recognize the risk of accidental injury while undertaking the exam and hereby assume that risk. I release from liability and waive any claims I may have against VQTB, its instructors, and volunteers.

Signature of Parent/legal guardian (if under 18 years old): _____

Signature of Applicant: _____ Date: _____

Certifying Board of Instructors:

I certify that the applicant had completed the training program for his/her current belt rank and is qualified to participate in the requested exam.

Representative: _____

Signature: _____ Date: _____