



**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”