

NEW JERSEY MARTIAL ARTS ALLIANCE TESTING APPLICATION

Name: _____ Current Rank: _____ Age: _____

I will be attending Primary Testing YES/NO

Brown - Sr. Red belts please complete the "Board Breaking" section, and bring your own boards to the testing.

Parent Approval (For students ages 17 & under)

Is he/she respectful to family members? _____

Does he/she demonstrate Courtesy, Integrity, and Self-Control at all times? _____

Does his/her behavior at home and school allow them to test? YES/NO Parent approval X _____

<input type="checkbox"/> PRIMARY FORM	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
SECONDARY FORMS					
<input type="checkbox"/> Chun Ji	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Dan Gun	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Do San	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Won Hyo	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target
<input type="checkbox"/> Yul Guk	<input type="checkbox"/> Focus	<input type="checkbox"/> Stances	<input type="checkbox"/> Power	<input type="checkbox"/> Technique	<input type="checkbox"/> Target

SECONDARY MATERIAL					
<input type="checkbox"/> Self Defense / One Steps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
<input type="checkbox"/> Offensive Combo	<input type="checkbox"/> Curriculum Kick				
<input type="checkbox"/> Defensive Combo	<input type="checkbox"/> 1	<input type="checkbox"/> 2			
<input type="checkbox"/> Sparring	<input type="checkbox"/> Target	<input type="checkbox"/> Defense	<input type="checkbox"/> Control	<input type="checkbox"/> Offense	

BOARD BREAKING	
<input type="checkbox"/> Hand (Left / Right) <small>Please circle</small>	_____ <small>Name of technique and number of boards</small>
<input type="checkbox"/> Foot (Left / Right) <small>Please circle</small>	_____ <small>Name of technique and number of boards</small>

Judge: _____ Pass / Possible NC