

Revolution TaeKwon-Do

BLACK BELT GRADING FORM



All details below must be completed fully

PLEASE COMPI	LETE US	ING	BLOCK CA	APITALS							
Title	First Name(s)										
Surname							Age at t	Age at time of grading			
Mobile No							Date Co	Date Commenced Training			
Home No							Height (metres)				
Email							Current	Current Grade			
Emergency Contact 1							Phone I	Number			
Emergency Cor	ntact 2						Phone I	Number			
Medical Info											
DECLARATION As a member of the International TaeKwon-Do Council (ITC) the TaeKwon-Do Council of the United Kingdom (TCUK) and Revolution TaeKwon-Do, I confirm that I have read and understand the declaration that I signed on my application form to become a member. I confirm that I am fully fit and competent to participate in this grading. I also confirm that information provided on this application will be treated in line with the ITC/TCUK Privacy Policy. Full details of this policy are available online at https://www.international-taekwondo-council.com/about-us/privacy/ SIGNED: DATE:											
INSTRUCTOR'S		NLY									
Date of Grading	3			Ecard Number			1	Expiry Date			
Club Instructor										T -	
Training Period Since Last Grading									RE-TAKE?	YES / NO	
	Instructor's Comments										
	Instructor's Signature										
EXAMINER'S U	SE ONL	Y.									
	STAN	ICE	FOCUS	POWER	TECH	EFF/ATT	SCORE		COMME	ENTS	
BASICS											
PATTERNS											
SET SPAR											
SPARRING											
DESTRUCTION											
THEORY									<u> </u>		
EXAMINER'S NAME							PASS / FAIL				
SIGNATURE									' '	iss , TAIL	