



## ORIENTAL MARTIAL ARTS COLLEGE Rank Promotion Test Form

**IMPORTANT:** Complete all the information in print. Attach membership card and make sure test form is legible.

(Test form must be returned one week prior to test.)

Last Name:	First Name:	Date of Birth: / /	M <input type="checkbox"/> F <input type="checkbox"/> ID#
Home Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Occupation:	
Attending Branch:	Current Rank: gup: color:	Testing Rank:	Belt Size:
Student Since:	Current Membership Began:	Expiration Date or Rank:	
Renewal rank or duration (required to renew 1 week before test if membership expires on this test):			
# of classes attended since last test:	# of teaching or assistance since last test:	# of test assistance:	
# of championship attended:	# of demonstration attended:	other participation:	

I, \_\_\_\_\_ agree to abide by the rules and regulations, both written and traditional, of O.M.A.C. Inc. that may be in force from time to time. I agree that if I violate any of these rules and regulations, then, in addition to any other legal right O.M.A.C. Inc. may have, I will accept dismissal from class or suspension of rank at the discretion of O.M.A.C.'s Master's committee. I agree that I will not, directly or indirectly, provide instruction in the skills or knowledge of Martial Arts without first receiving written permission from the Master's committee of the Oriental Martial Arts College Inc.

- 1. The purpose of the Oriental Martial Arts is to improve both mental and physical health and all members must uphold and protect the honor and prestige of Oriental Martial Arts.**
  - 2. Members are forbidden to use Oriental Martial Arts College techniques to provoke and challenge innocent persons and such use will make offending members subject to disciplinary action.**
  - 3. That the Oriental Martial Arts College is the sole and only judge of my qualifications and achievement in the Oriental Martial Art.**
- I agree that the promotion examination fee which has been paid is not refundable under any circumstances and also that I will accept any grade or belt rendered by this association with complete satisfaction, neither demanding for a higher grade or belt.

**Applicant's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** / /

**Lawful Guardian Signature (if minor):** \_\_\_\_\_ **Date:** / /

\*\*\* Special Note for Parents: If you wish, please attach a copy of student's most recent school report card.

**Instructor's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** / /

### TEST CATAGORIES AND GRADE (OFFICIAL USE ONLY)

Poomse (form)	Points	Martial Skills	Points	Overall Fitness	Points	Mental & Knowledge	Points
		<b>Self Defense</b>		Coordination, Balance		Concentration, Attitude	
		<b>Sparring</b>		Endurance, Stamina		Confidence, Leadership	
		<b>Breaking</b>		Flexibility, Reflex		Discipline, Patience	
		<b>Weaponry</b>		Breathing Control		Self Esteem, Respect	
				Accuracy, Speed, Power		Written & Verbal Test	
				<b>Timing, Distance</b>			

Strong Point: \_\_\_\_\_ Weak Point: \_\_\_\_\_

General Comment: \_\_\_\_\_

Total Points: \_\_\_\_\_ Average Points: \_\_\_\_\_ Examiner Signature: \_\_\_\_\_

### OFFICIAL USE ONLY – Attach pink color payment receipt with this form

Test Fee	Payment Amount	Payment Date	Balance	Will Pay On	Received By

**Written and Verbal Test**

**Date of last test:**   /   /

**List martial arts terminology (Select 5-10 new terminology)**

<b>Korean</b>	<b>English</b>	<b>Korean</b>	<b>English</b>
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Who is the founder of O.M.A.C.?: G. Master

Who is the president of O.M.A.C.?: G. Master

In what year was Oriental Martial Arts College established?:

1. What did you improve most after training in martial arts?

Mental: \_\_\_\_\_

Physical: \_\_\_\_\_

2. What did you improve since your last test?

Mental: \_\_\_\_\_

Physical: \_\_\_\_\_

3. What is your goal to improve before the next test?

Mental: \_\_\_\_\_

Physical: \_\_\_\_\_

4. How did martial arts training help you in your general life?

Family: \_\_\_\_\_

\_\_\_\_\_

School or Work: \_\_\_\_\_

5. What is your long term goal in the martial arts? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent's Questions: Since you child began TaeKwonDo at O.M.A.C.:**

6. What improvement did you see in your child?

Mental: \_\_\_\_\_

Physical: \_\_\_\_\_

7. In what area(s) would you like to see more improvement?

Mental: \_\_\_\_\_

Physical: \_\_\_\_\_

**Signature (Parent):** \_\_\_\_\_ **Signature (Student):** \_\_\_\_\_ **Date:**   /   /