

Martial Arts Belt Testing Participation Document

Student Name

Current Belt Level

Belt Level Testing For

Age

Date of Birth

Test Date

Instructor

Parent/Guardian Name

Medical Information / Special Considerations

Emergency Contact Name

Emergency Contact Phone

Qualifications (Classes Attended, Previous Belt Achieved, etc.)

Participation Agreement & Waiver

Student Signature

Date _____

Parent/Guardian Signature

Date _____

Instructor Signature

Date _____