



American Chung Do Kwon
Tae Kwon Do Association
4447 Thousand Oaks
San Antonio, Texas 78233

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APPLICATION FOR ADMISSION TO INSTRUCTOR'S TRAINING

PLEASE TYPE, PRINT OR WRITE LEGIBLY:

Applicant's full name: _____ ACTA# _____

Mailing Address: _____

City _____ State _____ Zip _____ Phone _____

E-mail address: _____

Phone # where you can be contacted concerning this application: *210-254-9177 or 706-495-0149*

Regional Branch _____	Birth date: _____
Age: _____ Sex _____ Height: _____ Weight: _____ Uniform size: _____ Belt Size: _____	
Rank: _____	Date made rank: _____

Parent or guardian to be notified in case of emergency: _____
Name

Relationship	Street and number	City	State	Zip	Phone #

Have you any chronic physical disability or ailment which requires special treatment or attention during the training? _____ Describe _____

NAME THE KIM RA DO FORMS YOU COMPLETELY UNDERSTAND

1. White belt Form	6. Light Blue belt Form
2. Yellow belt Form	7. Dark Blue belt Form
3. Orange belt Form	8. Red belt Form
4. Light Green belt Form	9. Brown belt Form
5. Dark Green belt Form	10. 1R Black belt Form

Essay for Instructor's Training: Please print one page on "Why I would like to take this instructor's training"

Name of the Instructor you train under _____

Name of the classes you assist with (example Mini tots, tots, Children or/and Adults classes) _____

Number of classes you assist per week _____

PLEDGE

I do hereby pledge as an Instructor of the American Chung Do Kwan Tae Kwon Do Association, I will honor and uphold the rules and regulation governing this Instructor's Training and will follow and cherish the principles of ACTA and Kim's Academy of Tae Kwon Do.

Signature of Applicant

Date

Signature of Parent or Guardian (if under 18 yrs)

Approved by Immediate Instructor

Approved by Chief Instructor