



# AMERICAN JUNGDO FEDERATION

HEADQUARTERS

1920 CENTRAL AVE, BILLINGS, MT 59102

(406) 245-8808



## APPLICATION FOR MEMBERSHIP

As a beginning student in the martial arts at a sanctioned American Jungdo Federation (AJF) school, you are now eligible for membership in the AJF.

The AJF is a sanctioning body set up to offer sanction of rank and guidance to instructors and students. All students who test for rank must be an AJF member.

Each year the AJF authorizes sanctioned promotional examinations under your instructor. The AJF also offers tournaments, picnics, camp-outs, Christmas parties, and special educational seminars. Each year, the AJF offers at least two opportunities for advancement to Black Belt ranks for qualified candidates.

No rank is guaranteed by the AJF or the instructor. Decisions about who should or should not test are made solely by the instructors of individual schools. The AJF can recommend behavior and procedure within the classroom, but has no responsibilities related to the day-to-day operation of an individual school. Any oral, written, or implied contracts exist solely between the instructor and student. To join the AJF requires a one-time registration fee of \$40.00 payable to: American Jungdo Federation or to your school, for your convenience.

All member must agree to follow these rules:

1. Each student is responsible for knowledge and observance of all posted rules.
2. Proper respect must be shown at all times to: school, instructors, and fellow students.
3. Tournament participation must be approved in advance by the officials of the AJF.
4. No student may instruct on the martial arts without the prior knowledge and approval of the AJF.
5. Each student must remain current in his/her tuition.

Each member pledges never to use the knowledge gained at his/her AJF school, except to protect the honor or well-being of oneself. Each member further pledges not to use the physical form of Tae Kwon Do or Judo in any but a judicious and discreet manner outside his/her school, not to flaunt one's ability, exhibit it, and shall not through one's ability become arrogant.

Failure to comply with any of all of these rules will result in probation, expulsion, and/or demotion in rank.

(Continued on Back)

APPLICATION FOR MEMBERSHIP, continued  
(Please print clearly)

Name First M.I. Last Sex Age

Mailing Address City State Zip

Email Address

/ /

Date of Birth

Occupation

/ /

Date Started Training

Style

Rank

Former School(s)

I AGREE TO HOLD THE AJF, IT'S OFFICERS, EMPLOYEES AND REPRESENTATIVES, MY FELLOW STUDENTS AND ALL OTHER PERSONS INVOLVED IN MY PARTICIPATION IN THE MARTIAL ARTS, HARMLESS IN THE EVENT OF PERSONAL INJURY OR PROPERTY DAMAGE OCCURRING AT ANY TIME OR PLACE AS A RESULT OF THE USE OF ANY TECHNIQUE TAUGHT BY OR APPLIED BY OR AT THE DIRECTION OF THE AJF.

I am in good health and/or have medical approval to engage in self-defense or the martial arts. I FURTHER ASSUME ALL RISKS THAT ARE A PART OF AND INCIDENTAL TO THIS TRAINING PROGRAM. I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE STATED RULES. The AJF does not provide accident/personal injury/health insurance, therefore, I am responsible for any medical expenses.

Please make sure that you have thoroughly read both sides of this paper. Then sign and date the form, returning it with the fee of \$40.00. It will be sent to the AJF Headquarters and kept on file.

Applicant's Name (please print)

/ /

Applicant's Signature

Parent/Guardian Name (please print)

Parent/Guardian Signature

Name of AJF School/Club

Location (City & State)

Instructor's Signature

Date

**Waiver & Release**  
**Saja Academy of Martial Arts**  
105 Ravalli St Stevensville, Mt 59870  
Park's Martial Arts Academy

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_

Home Address : \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

At all classes, practice sessions & contests conducted by Saja Academy of Martial Arts/Park's Martial Arts Academy, reasonable care is taken to prevent serious injuries and to minimize accidents, and student agrees to obey the rules and regulations which the school shall put into effect from time to time in relation to such matters.

The student states that he/she is aware of the fact that the martial arts of Tae Kwon Do and Self Defense may even under the safest conditions possible, be dangerous and student does hereby irrevocably, personally, and for his/her heirs, assigns, and legal representatives release and waive any and all past, present, and future claims, demands and causes of action which the student now has or may in the future have against Saja Academy of Martial Arts/Park's Martial Arts Academy and any and all officers, employees, agents, instructors, and/or assistant instructors of Saja Academy of Martial Arts/Park's Martial Arts Academy for any and all past, present, and/or future injuries received while on the premises of said Saja Academy of Martial Arts/Park's Martial Arts Academy as a spectator, participant, contestant, or in any other manner or form taking part in the exercise, practice, and/or demonstration of said martial arts; and the student hereby further waives and releases any and all claims against any and all of the aforesaid parties for any items of personal property lost, damaged or destroyed on said premises for any of the above mentioned purposes at any time in the past, present, and/or future.

The student covenants not to cause any action at law or inequity to be brought, or permit such to be brought on his or her behalf, either directly or indirectly, on account of the occurrence of any of the aforesaid injuries or loss of property against any of the aforesaid parties, and agrees to save indemnify, hold harmless and defend, at his/her sole expense, and all of the aforesaid parties from any claims, demands and causes of actions which may now or in the future be asserted against the aforesaid parties arising out of the actions by the student while engaging in any of the aforesaid activities on said premises.

I am in good health or have medical approval to engage in Tae Kwon Do, Karate or Self-Defense. I further assume all risks that are a part of and incidental to this training program and have read, understand and will comply with the above rules.

Dated at Stevensville, Montana \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent (if applicant is a minor)



# American Jungdo Federation

## Promotional Test Application

### Headquarters

1920 Central Avenue - Billings, MT - 59102  
406-245-8808

TKD

AJF ID # \_\_\_\_\_

Name: \_\_\_\_\_  
(please print clearly)

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ Town or City \_\_\_\_\_ State \_\_\_\_\_

Your Phone No: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

Date Started
Total Lessons to Date
Date of Last Exam

Total Lessons Since Last Test
Highest Form
Favorite Technique

Present Rank: \_\_\_\_\_ Request Rank: \_\_\_\_\_

Belt Size: \_\_\_\_\_

Stance	A	B	C	D	E	F
Hand Technique	A	B	C	D	E	F
Foot Technique	A	B	C	D	E	F
Nominate Form	A	B	C	D	E	F
Highest Form	A	B	C	D	E	F
1-Step Sparring	A	B	C	D	E	F
3-Step Sparring	A	B	C	D	E	F
Sparring	A	B	C	D	E	F
Self-Defense Form	A	B	C	D	E	F
Self Defense Technique	A	B	C	D	E	F
Combination Technique	A	B	C	D	E	F
Weapon Technique	A	B	C	D	E	F

Sitting/Standing Break Falls	A	B	C	D	E	F
Walking/Air Break Falls	A	B	C	D	E	F
Throwing Technique	A	B	C	D	E	F
Counter Throw	A	B	C	D	E	F
Take Downs	A	B	C	D	E	F
Pinning Technique	A	B	C	D	E	F
Choking Technique	A	B	C	D	E	F
Locking Technique	A	B	C	D	E	F
Terminology	A	B	C	D	E	F
Discipline	A	B	C	D	E	F
Attitude	A	B	C	D	E	F
Kihap	A	B	C	D	E	F

Promotional Test Fees: Advancement by belt, color & stripe

11th Kup - Yellow Stripe, 10th Kup - Yellow, 9th Kup - Green Stripe	\$50
8th Kup - Green, 7th Kup - Blue Stripe, 6th Kup - Blue	\$60
5th Kup - Brown Stripe, 4th Kup - Brown, 3rd Kup - Red Stripe	\$70
2nd Kup - Red, 1st Kup - Black Stripe	\$80

Candidate must sign here: \_\_\_\_\_ Date: \_\_\_\_\_

You must have your Instructor's recommendation: \_\_\_\_\_

Your Instructor's Signature

RESULT: Passed  No

Probation Expires: \_\_\_\_\_

Examiner's Signature

Chairman Board of Examiners



# AMERICAN JUNGDO FEDERATION



## BLACK BELT EXAMINATION APPLICATION

Please Print or Type

Requested Rank: 1<sup>st</sup> Dan A.J.F. Number: HM10-08

Name: Coeman

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Level of Education: \_\_\_\_\_

School / Club Membership Number:    Belt Size: \_\_\_\_\_

Name of Parent / Guardian (if Minor): \_\_\_\_\_

School / Club Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Rank: \_\_\_\_\_ School Phone No: \_\_\_\_\_

### Required Attachments

1.) List a resume of your activities within the martial arts since you started. Include details of all former instructors and schools you trained at. Include all test dates, awards, demonstrations, tournaments, seminars, etc. If your are an instructor at a school or club, detail teaching history.

2.) **Pre-examination questions** – Complete any such requirements if attached to this application.

3.) **Essay** – Attach any essay required by your instructor or the A.J.F.

### Test Fee

The Test Fee of \$ 375.00 must be paid in full to your instructor prior to the date of the examination.

### Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Instructor's Recommendation

All applicants must have their Instructor's recommendation.

The above applicant has my recommendation to test for the aforesaid rank. I believe the he/she meets all physical and mental requirements of such rank and that as this person's instructor, I have informed him/her of all duties and responsibilities of such rank. I have attached to this application any comments or details I feel would help the Board Of Examiners in reviewing this application.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date