

Walsh Martial Arts Australia Grading Application Form



RESULT
<input type="checkbox"/> High Distinction <input type="checkbox"/> Distinction <input type="checkbox"/> Credit <input type="checkbox"/> Pass <input type="checkbox"/> Re-test <input type="checkbox"/> Fail

Name: _____	Present Grade: _____
Belt size (cm): _____	WMAA Branch School: _____
Do you suffer from any medical or physical condition that may affect your grading? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify: _____	

I, the Applicant, respectfully seek to undertake the forthcoming grading in accordance with the Grading Regulations of Walsh Martial Arts Australia. I understand that I will be solely responsible for any loss or damage that I may sustain in connection with my grading howsoever caused (including negligence) and waive any right to claim against Walsh Martial Arts Australia and any of its officers, instructors and assistant instructors in connection with such loss or damage. Where the Applicant is under 18 years of age, then I, as the parent or legal guardian of the Applicant give my consent to the above on the Applicant's behalf:

Applicant's signature: _____	Date: _____
Parent's / legal guardian's signature: _____	Date: _____

INSTRUCTOR'S ASSESSMENT: Attendance: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor Effort / Participation: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor Discipline / Respect: <input type="checkbox"/> Outstanding <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor	INSTRUCTOR'S COMMENTS: _____ _____ _____
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PRINCIPLES	COMMENTS
Focus power	
Strikes and blocks	
Kicks and stances	
Pattern	
Self defence	
Free sparring	
Breaking	
Martial art spirit	