



**USA TAEKWONDO
BLACK BELT VERIFICATION FORM**

Form must be filled out completely to be valid:

Athlete Name: _____

Athlete USAT Membership # _____

Athlete/Parent or Guardian Email: _____

Athlete/Parent or Guardian Phone #: _____

Coach or Instructor Name: _____

Coach or Instructor Email: _____

Club Name: _____

Coach or Club Phone #: _____

I, _____ certify that _____ is a Black Belt as of

DATE

By signing this form I understand that _____ will compete as a black belt in all USA Taekwondo events from this date forward and that I will provide a copy of black belt certification by the final registration deadline for the 2015 National Championships to USA Taekwondo National Office.

Signed: _____ Date: _____

ATTENTION COACH/INSTRUCTOR: You will be required to provide USA Taekwondo National Office with a copy of this athlete’s black belt certification by the final registration deadline of the 2015 National Championships. If documentation is not available at the time then it can be presented at time of registration. If a copy is not available at the time of registration then coach/instructor will be required to apply and pay for a USA Taekwondo black belt certification.