

**ALBERTA BLACK BELT COLLEGE**

**OFFICE**  
 Bay 102 - 12709 99 Street  
 Grande Prairie, Alberta T8V 5Z4

**PHONE**  
 (780) 539-4607

**FAX**  
 (780) 539-4708

**EMAIL**  
 ajitsua@telus.net

**WEB**  
 www.albertajja.com

**PROVINCIAL INSTITUTE OF BLACK BELTS**

**REQUEST FOR LEVEL CERTIFICATION**  
**REGISTRATION: 2009 AND 2010 TERMS**

NAME: \_\_\_\_\_  
FIRST LAST

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

DATE OF BIRTH (YYYY/MM/DD) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ M or F (circle one)

DATE \_\_\_\_\_ PRESENT RANK \_\_\_\_\_ DATE OF LAST PROMOTION \_\_\_\_\_

TESTING FEE ENCLOSED; AMOUNT \$ \_\_\_\_\_

(Payable by cheque; debit; credit card 2 weeks in advance or cash one class before)

IF REQUESTING A BLACK BELT TEST PLEASE PROVIDE A NARRATIVE OF ALL SPECIAL ACHIEVEMENTS SUCH AS TOURNAMENTS; CAMPS; SEMINARS; HELPER; PUBLIC RELATIONS; DEMONSTRATIONS; WRITING PUBLICATIONS OR ANY OTHER PERTINENT INFORMATION.

**PERSONAL INFORMATION PROTECTION POLICY**

**APPLICABLE INITIALS REQUIRED**

I Agree to release my photograph used on AJJA / GMA web site \_\_\_\_\_  
 I Agree to have my person in any videos used by AJJA / GMA \_\_\_\_\_  
 I Agree to have my name used on AJJA / GMA web site for promotion \_\_\_\_\_  
 I Agree to allow my email address to receive email from AJJA / GMA \_\_\_\_\_

**OR CHECK THOSE STATEMENTS YOU DISAGREE WITH**

I Do not Agree to release my photograph used on AJJA / GMA web site   
 I Do not Agree to have my person in any videos used by AJJA / GMA   
 I Do not Agree to have my name used on AJJA / GMA web site for promotion   
 I Do not Agree to allow my email address to receive email from AJJA / GMA

**FEES FOR BLACK BELT COLLEGE CERTIFICATION:**

**APPLICABLE INITIALS REQUIRED**

TESTING FEES	LESSONS TYPE	INITIALS
\$200	Level One (Complete)*	_____
\$200	Level Two (Complete)*	_____
\$200	Level Three License *	_____
\$50	PPCT Level 1	_____
\$50	Key Holder Level 1	_____
\$50	High Stress Sparring Drills Level 1	_____
\$50	Simple Hold Escapes Level 1	_____
\$50	Basic Self-Defense Level 1	_____
\$50	Join Locking System Level 2	_____
\$50	Practical Take Downs Level 2	_____
\$50	Neck Restraints Level 2	_____

INITIALS \_\_\_\_\_



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## FEES FOR BLACK BELT COLLEGE CERTIFICATION Continued:

TESTING FEES	LESSONS TYPE	INITIALS
\$50	Defense on the Ground Level 2	_____
\$50	Defense Against a Club Level 2	_____
\$50	Primary Anatomy Level 3	_____
\$50	Jaw Manipulation System Level 3	_____
\$50	Defense Against a Knife Level 3	_____
\$50	Defense Against a Hand Gun Level 3	_____
\$50	Escort & Holding System Level 3	_____
\$50	Advanced PPCT & Persuader Level 3	_____
	<b>TOTAL</b>	_____

## ACKNOWLEDGEMENT

I certify that the information contained herein is accurate to the best of my knowledge. I have read over and understand the rules and regulations of my grading. I request to be examined by the Chief Instructor of Goshin Martial Arts in Goshinkan-Ryu JuJitsu.

I, THE UNDERSIGNED, hereby agree to pay Goshin Martial Arts (GMA) the amount specified above as indicated by my initials. Payments will be made by cash one class before examination, or two weeks in advance, payable to GMA. So long as I remain in good standing I (or my child's) age and ability. I hereby acknowledge that if I default in payment of the amount I have agreed to pay I will forfeit all monies previously paid to Goshin Martial Arts, and any balance remaining to be paid shall immediately become due and payable to Goshin Martial Arts.

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, Alberta.

NAME OF PARTICIPANT \_\_\_\_\_

SIGNATURE OF PARTICIPANT \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ (IF UNDER 18)

NAME OF WITNESS \_\_\_\_\_

WITNESS \_\_\_\_\_

**This agreement must be completed in full (signed, dated, witnessed, and initialed where indicated) before any testing may begin by AJJA / GMA.**

## This section to be completed by Chief Instructor

PROMOTION DATE \_\_\_\_\_ FEE PAID \_\_\_\_\_ Method of Payment \_\_\_\_\_

RANK \_\_\_\_\_ PASS OR FAIL \_\_\_\_\_

Current Member of the AJJA: Y / N

Time in Rank with Goshin MA: \_\_\_\_\_

Eligible to Test for New Rank: Y / N

Chief Instructor Signature: \_\_\_\_\_

*I have examined the applicant of received and reviewed his/her Rank Credentials and Achievement Record; I find the applicant fully qualified and recommend this rank validation.*

Examiner's Name & Signature: \_\_\_\_\_

Approval from Chief Instructor: \_\_\_\_\_