

# YELLOW TO ORANGE TIP Exam Form(H.K.D)

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

I recognize that belts and certificates (if applicable) are awarded only when specific standards of performance are met. In the event that I may not perform to the satisfaction of the testing official(s), promotion may be delayed until further progress has been demonstrated. If I do not achieve that desired degree, I may retest for that degree on the next promotion test date. I recognize that promotion standards are uniform and that each belt degree reflects a specific level of competence.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

### Form:

	1	2	3
KI BON #2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

### Weapon:

	1	2	3
Weapon #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weapon #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

### Techniques:

	1	2	3
Techniques 1 thru 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Techniques 6 thru 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

### Breaking:

	1	2	3
<b>Jump Rolling</b>			
Jumping Hammer Fist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flying Side Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Spin Kick			
High Spin Kick			

1=Excellent 2=Good 3=Needs Work

\_\_\_\_\_  
Official's Signature