

DEPUTY II TO BLACK BELT 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
Falling Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing Form 1,2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fighting Form 1,2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Kicking Combination:

	1	2	3
Kicking Combination Yellow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Orange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Green	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Blue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination High Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination High Red	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination Deputy I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

Techniques:

		1	2	3
Yellow	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orange	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Green	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blue	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brown	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Brown	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Red	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deputy I	1.2.3.4.5.6.7.8.9.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Breaking:

	1	2	3
Rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skipping Elbow			
Reverse Side Kick			
Jump Front Snap Kick			

1=Excellent 2=Good 3=Needs Work

Official's Signature