

# GREEN TO BLUE TIP Exam Form

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: \_\_\_\_\_

<b>Form:</b>	1	2	3
Keum Kang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1=Excellent 2=Good 3=Needs Work			

<b>Kicking Combination:</b>	1	2	3
Kicking Combination #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kicking Combination #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1=Excellent 2=Good 3=Needs Work			

<b>One Step Sparring:</b>	1	2	3
One Step Sparring #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Step Sparring #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Step Sparring #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1=Excellent 2=Good 3=Needs Work			

<b>Weapon:</b>	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"/>
<b>Breaking:</b>	1	2	3
Round House Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Side Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tornado Ax Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jump Front Snap Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1=Excellent 2=Good 3=Needs Work			

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