WHITE TO YELLOW 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:											
Form: Kicking Combination:											
									1	2	3
	1	2	3			Kicking Combi	nation #1				
Ko Ryo					Kicking Combination #2						
						Kicking Combi	nation #3				
1=Excellent 2=Good 3=Needs Work				1=Excellent 2=Good 3=Needs Work							
One Step Sparring:				Weapon:				_	_		
		1	2	3		Weapon #1		1		2 □	3 □
		_	_	_		Weapon #2					
One Step Sparring #1						Weapon #3					
One Step Sparring #2						Breaking: Round House Kick		1		2	3
	g	_	_	_		Ax Kick			I		
One Step Spa	arring #3					Reverse Side Kick Skip Punch					
1=Excellent	2=Good	3=Needs Work				1=Excellent	2=Good	3=N	leeds	s Woi	rk

Official's Signature