

# DEPUTY I TO DEPUTY II 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"/>

1=Excellent 2=Good 3=Needs Work

**Kicking Combination:**

	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"/>

1=Excellent 2=Good 3=Needs Work

**Knife Defense 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
Rolling, Skip Punch Skip Hook Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1=Excellent 2=Good 3=Needs Work

\_\_\_\_\_

Official's Signature