

# GREEN TO BLUE 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: \_\_\_\_\_

| <b>Form</b>                     | 1                        | 2                        | 3                        |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Breathing Form                  | <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"/> |
| 1=Excellent 2=Good 3=Needs Work |                          |                          |                          |

| <b>Rear Attack:</b>             | 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 |                          |                          |                          |

| <b>Breaking:</b>                | 1                        | 2                        | 3                        |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| Rolling,<br>Ax Kick             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1=Excellent 2=Good 3=Needs Work |                          |                          |                          |

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