

# HOCKEY SKATING TEST 4 冰球滑行四级测试



MBR. NO.# 会员编号 \_\_\_\_\_ SKATER NAME 学员姓名 \_\_\_\_\_

(Family Name 姓氏) (First Name 名字)

BIRTHDATE 出生日 \_\_\_\_\_ GENDER 性别 \_\_\_\_\_ Male 男 / Female 女

DD 日 / MM 月 / YYYY 年

ADDRESS 住址 \_\_\_\_\_

MBR. NO.# 会员编号 \_\_\_\_\_ Examiner 主考官 \_\_\_\_\_

(Family Name 姓氏) (First Name 名字)

MBR. NO.# 会员编号 \_\_\_\_\_ Rink 冰场 / Club 俱乐部 \_\_\_\_\_

HSka4\_sc\_v12a

Send original to: Ice Skating Institute Asia, GPO Box No. 579, General Post Office, Hong Kong SAR China. Make a photocopy for rink or club.  
原件寄交: 香港 邮政总局 邮政信箱 579 号, Ice Skating Institute Asia 收。冰场或俱乐部只需保存复印本。

TEST DATE 测试日期 \_\_\_\_\_

## Maneuvers Required 动作要求

Pass 合格

Incomplete 未完成

- |  |                |       |       |
|--|----------------|-------|-------|
| 1. Backward Skating ( C Cuts )           | 倒滑 (划 C)       | _____ | _____ |
| 2. Backward Glide – In Ready Position    | 准备动作倒滑         | _____ | _____ |
| 3. Forward to Backward Turn ( Mohawk )   | 前滑转倒滑转向 (莫霍克)  | _____ | _____ |
| 4. Backward to Forward Turn ( Step Out ) | 倒滑转前滑转向 (向外踏步) | _____ | _____ |

## Agility 灵敏 / Balance 平衡

- |                                  |           |       |       |
|----------------------------------|-----------|-------|-------|
| 5. Stomach Slide ( Belly Touch ) | 腹部滑行 (触地) | _____ | _____ |
| 6. Jump Over Stick               | 双脚跳 (过杆)  | _____ | _____ |

\* Equipment: Skates, Helmet, Gloves, Shin Pads and Stick

装备: 冰鞋、头盔、手套、护腿板及冰球棍

TEST RESULT 测试结果 PASS 合格 \_\_\_\_\_ INCOMPLETE 未完成 \_\_\_\_\_

EXAMINER SIGNATURE 主考官签署: \_\_\_\_\_

Comments 评语: \_\_\_\_\_

---

---

---

---

---

---