

HOCKEY SKILLS TEST 1



MBR. NO.# _____ SKATER NAME _____
(Family Name) (First Name)

BIRTHDATE _____ GENDER _____ Male / Female
DD / MM / YYYY

ADDRESS _____

MBR. NO.# _____ Examiner _____
(Family Name) (First Name)

MBR. NO.# _____ Rink / Club _____

HSki1_en_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.

TEST DATE _____

Maneuvers Required

Pass

Incomplete

Stick Handling

1. Stationary Stick Handling (8 times)
2. Forward Skating with Puck
3. Forward Skating while Stick Handling
4. Backward Skating with the Puck

_____	_____
_____	_____
_____	_____
_____	_____

** Equipment: Full hockey equipment is recommended.*

TEST RESULT

PASS _____

INCOMPLETE _____

EXAMINER SIGNATURE: _____

Comments: _____
