

HOCKEY SKATING 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 _____ HSk1_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
1. Stationary Ready Position	_____	_____
2. Glide in Ready Position (5-8 feet)	_____	_____
3. Forward Swizzle	_____	_____
4. One Foot Glide	R L _____	_____
5. One Foot Inside Edge (Glide Around Cone)	* L / R _____	_____
 Agility / Balance		
6. Forward Squats	_____	_____
7. Two Foot Stationary Jump	_____	_____
8. Two Foot Moving Jump	_____	_____

** Equipment : Skates, Helmet and Gloves*

TEST RESULT **PASS** _____ **INCOMPLETE** _____

EXAMINER SIGNATURE: _____

Comments: _____

