

HOCKEY SKATING TEST 2



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 _____

HSka2_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. Circle Side Pumps	- Clockwise	_____	_____
	- Counter clockwise	_____	_____
2. Control Stop		_____	_____
	R	_____	_____
	L	_____	_____
3. Control Turn		_____	_____
	R	_____	_____
	L	_____	_____
 Agility / Balance			
4. Two Foot Inside/Outside Edges		_____	_____

** Equipment : Skates, Helmet and Gloves*

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

EXAMINER SIGNATURE: _____

Comments: _____

