

HOCKEY SKATING TEST 3



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 _____

HSka3_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. Straight Line One Foot Pushes	R	_____	_____
	L	_____	_____
2. Forward Stride – Rhythm Skating		_____	_____
3. Forward Crossovers Around Circle	– Right Over Left	_____	_____
	– Left Over Right	_____	_____
4. Backward Swizzle		_____	_____
 Agility / Balance			
5. Forward Two Knee Touch	– Stationary	_____	_____
	– Moving	_____	_____
6. Forward One Knee Touch	R	_____	_____
	L	_____	_____

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

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

EXAMINER SIGNATURE: _____

Comments: _____

