

# HOCKEY SKATING TEST 4



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 \_\_\_\_\_

HSka4\_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**

1. Backward Skating ( C Cuts )
2. Backward Glide – In Ready Position
3. Forward to Backward Turn ( Mohawk )
4. Backward to Forward Turn ( Step Out )

**Pass**

**Incomplete**

_____	_____
_____	_____
_____	_____
_____	_____

**Agility / Balance**

5. Stomach Slide ( Belly Touch )
6. Jump Over Stick

_____	_____
_____	_____

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

**TEST RESULT**

**PASS** \_\_\_\_\_

**INCOMPLETE** \_\_\_\_\_

**EXAMINER SIGNATURE:** \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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