

HOCKEY SKATING TEST 5



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 _____

HSka5_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. Backward Crossovers | – Around Circle L | _____ | _____ |
| | – Around Circle R | _____ | _____ |
| 2. Backward Stop | R | _____ | _____ |
| | L | _____ | _____ |
| 3. 360 Control Turn | R | _____ | _____ |
| | L | _____ | _____ |
| 4. Backward Crossovers – Straight Back | | _____ | _____ |

Agility / Balance

- | | | |
|----------------------------|-------|-------|
| 5. Backward Two Foot Jump | _____ | _____ |
| 6. Backward Two Knee Touch | _____ | _____ |

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

TEST RESULT

PASS _____

INCOMPLETE _____

EXAMINER SIGNATURE: _____

Comments: _____

