

2ND RED TO 1ST RED TEST REQUIREMENTS

15 Classes to test for RED, WHITE and BLUE Stripes - 30 Classes to test

1 Tournament Patch

2 Course Certificates Earned From Red – Black (4 Total)

Red Stripe Forms

1 Random Basic Form
Intermediate Forms Numbers 1 to 5
Bassai

White Stripe - 1 Steps

Right Punch Defense (Students)
Left Punch Defense (Students)
Right Jab Punch Defense (Students)
Left Jab Punch Defense (Students)
Right Kick Defense
Left Kick Defense
Stick Defense 1 to 6

White Stripe - Hard Grabs

Spontaneous Grabs

White Stripe - Soft Grabs

Spontaneous Grabs

White Stripe - Escapes

Any Previous Escape

Blue Stripe

Ground Linear Kicking Combination
Ground Circular Kicking Combination
Jump Circular Kicking Combination
Jump Linear Kicking Combination

Orange Stripe – Throws and Take Downs

Dead Tree
Shoulder Drop
Inside Shin Take Down
Scissor Sweep (Ground or Jump either R or L)
Hip Throw (R & L)
Inside Hook Swee
2 Hand Reap
Shoulder Throw
Fireman's Throw

Black Stripe

5 Sparring Classes
Win a 3-point match against another student your rank or higher.
1 Sparring Rotation or Tournament.

Green Stripe - Fitness

15 Knuckle Push Ups
60 Crunches
50 Jumps Over Target
2.5 Minutes in Horse Stance
15 Seconds in Front Stance
15 Seconds in Back Stance

Yellow Stripe – Board Breaking

2 boards with hand techniques
2 board with kicks
2 Board Flying Side Kick

Essay Requirements

None

2ND GUP RED – 1ST GUP RED 1 STEP WORKSHEET

One-Steps

Right Punch Attack

Left Punch Attack

Right Jab/Punch Attack

Left Jab/Punch Attack

1 Step Kick Right

1 Step Kick Left

Seminars / Certificates Earned

2ND GUP RED – 1ST GUP RED TEST APPLICATION

*Parents, please take a few moments to help your child complete this form.
Forms are due 1 week prior to exam – late forms subject to \$10 late fee.
Incomplete forms will be returned.*

STUDENT'S NAME: _____
RANK TESTING TO: _____ STUDENT'S AGE: _____
BELT SIZE: _____
EXAM FEE: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <i>or</i> <input type="checkbox"/> Charge (card on file <input type="checkbox"/> yes <input type="checkbox"/> no)

ALL STUDENTS

All Students – Do you practice at home? yes no

All Students – My goal is to take my Black Belt Exam on: date: _____

All Students – Circle the areas that you or your child has improved on since starting the program.

Discipline	Focus	Perseverance	Confidence	Coordination
Courage	Attitude	Fitness / Health	Works with Others	Stretch

All Students – Courses Completed / Certificates Earned (list) _____

All Students – Tournament Division(s) Competed in (list) _____

Masters Club Member (*1st Gup and Higher*) Yes No Give me Information

JUNIOR STUDENTS

Junior Students – Please list 3 extra chores accomplished to pay for the testing fee:

1. _____
2. _____
3. _____

Junior Students – Does someone else help you practice at home? yes no

Parents – Is your child doing well in school & doing their homework? yes no

Parents – Would you like to have a conference with your child's instructor? yes no