DOUBLE BLUE STRIPE

TAEKWON-DO REQUIREMENTS 5TH GUP (DOUBLE BLUE STRIPE) test for 4TH GUP (BLUE BELT)

Name: (Please print First and Last)		Signature:		Age:		
	ested for a higher rank and agree tha ualified to place me on the basis of m		Date of completion:			
ATTENDANCE Attend a minimum of 32 Beginning level classes.						
1: DATE	9: DATE	17: DATE	25: DATE _			
2: DATE	10: DATE	18: DATE	26: DATE _			
3: DATE	11: DATE	19: DATE	27: DATE			
4: DATE	12: DATE	20: DATE	28: DATE _			
5: DATE	13: DATE	21: DATE	29: DATE			
6: DATE	14: DATE	22: DATE	_ 30: DATE _			
7: DATE	15: DATE	23: DATE	_ 31: DATE _			
8: DATE	16: DATE	24: DATE	32: DATE			
In addition to the above classes, the student must be able to demonstrate the following items with precision, balance and power. (Each section and attendance must be signed by an assistant instructor or instructor where appropriate.)						
On going demonstration of good discipline: COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT At home, school, and public (Including grade point average) Parent's Name: (If the student is under the age of 18):		O 2-step sparrir O 2-step sparrir O 2-step sparrir O 2-step sparrir	PARRING ag exercise number 3 ag exercise number 4 ag exercise number 5 ag exercise number 6	; ;		
COMPLETE	Parent's Signature:	COMPLETE	Examiner's Name (Print N	lame):		
DATE:	. a.one o orginataro.		Examiner's Signature:			
In Studio		DATE:				
COMPLETE	Examiner's Name (Print Name):					
DATE:	Examiner's Signature:					

SPARRING COMBOS Combo. #14 Jab / Cross / Rear Downward Kick (Outside In) Combo. #15 Rear leg Downward kick (Outside In) / Back Piercing Kick Combo. #16 High lead Hook Kick / High Side Turing Kick (Consecutive) Combo. #17 Rear leg dodge sideways / leg Hook kick Combo. #18 Rear low Turning Kick / Spin / rear leg low Turning Kick Combo. #19 Slide lead leg Side Piercing Kick / Hook Kick (Consecutive) Combo. #20 Jumping double motion Downward Kick Combo. #21 Back Fist / Reverse Punch Combo. #22 Jumping Back Fist		SELF-DEFENSE (Ho Sin Sul) OShoulder Roll backward (Right & Left side) OShoulder Roll Break fall OControl from a single grab to the lapel OControl from a double grab to the lapel OControl Side Head Lock OControl form Chock (Rear & Single hand against a wall) OLock Flow 3 OLock Flow 4 OLock Flow 5 OLock Flow 6	
COMPLETE	Examiner's Name (Print Name):	COMPLETE Examiner's Name (Print Name):	
DATE:	Examiner's Signature:	DATE:	Examiner's Signature:
SPARE	RING ROUNDS		
O Round 1	DATE: / /	O Round 16 DATE:	11
O Round 2	DATE: / /	O Round 17 DATE:	/ /
O Round 3 DATE: / /		O Round 18 DATE: / /	
O Round 4 DATE: / /		O Round 19 DATE: / /	
O Round 5	DATE: / /	O Round 20 DATE: / /	
O Round 6	DATE: / /		Examiner's Name (Print Name):
O Round 7	DATE: / /	COMPLETE	()
O Round 8	DATE: / /		Examiner's Signature:
O Round 9	DATE: / /	DATE:	
O Round 10	DATE: / /	NOTES	
O Round 11	DATE: / /	110120	
O Round 12	DATE: / /		
O Round 13	DATE: / /		
O Round 14	DATE: / /		
O Round 15	DATE: / /		