

DOUBLE YELLOW STRIPE TAEKWON-DO REQUIREMENTS

7TH GUP (DOUBLE GREEN STRIPE) test for 6TH GUP (GREEN BELT)

Name: (Please print First and Last)	Signature:	Age:
I hereby request to be tested for a higher rank and agree that the examiner shall be the only persons who are qualified to place me on the basis of my technique, knowledge of the art and attitude.		Date of completion:

ATTENDANCE

Attend a minimum of 32 Beginning level classes.

<input type="checkbox"/> 1: DATE _____	<input type="checkbox"/> 9: DATE _____	<input type="checkbox"/> 17: DATE _____	<input type="checkbox"/> 25: DATE _____
<input type="checkbox"/> 2: DATE _____	<input type="checkbox"/> 10: DATE _____	<input type="checkbox"/> 18: DATE _____	<input type="checkbox"/> 26: DATE _____
<input type="checkbox"/> 3: DATE _____	<input type="checkbox"/> 11: DATE _____	<input type="checkbox"/> 19: DATE _____	<input type="checkbox"/> 27: DATE _____
<input type="checkbox"/> 4: DATE _____	<input type="checkbox"/> 12: DATE _____	<input type="checkbox"/> 20: DATE _____	<input type="checkbox"/> 28: DATE _____
<input type="checkbox"/> 5: DATE _____	<input type="checkbox"/> 13: DATE _____	<input type="checkbox"/> 21: DATE _____	<input type="checkbox"/> 29: DATE _____
<input type="checkbox"/> 6: DATE _____	<input type="checkbox"/> 14: DATE _____	<input type="checkbox"/> 22: DATE _____	<input type="checkbox"/> 30: DATE _____
<input type="checkbox"/> 7: DATE _____	<input type="checkbox"/> 15: DATE _____	<input type="checkbox"/> 23: DATE _____	<input type="checkbox"/> 31: DATE _____
<input type="checkbox"/> 8: DATE _____	<input type="checkbox"/> 16: DATE _____	<input type="checkbox"/> 24: DATE _____	<input type="checkbox"/> 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.)

CITIZENSHIP (Social & Academic)

On going demonstration of good discipline:
COURTESY, INTEGRITY, PERSEVERANCE, SELF-CONTROL, INDOMITABLE SPIRIT

At home, school, and public (Including grade point average)

<input type="checkbox"/> COMPLETE DATE: _____	Parent's Name: (If the student is under the age of 18):
	Parent's Signature:

In Studio

<input type="checkbox"/> COMPLETE DATE: _____	Examiner's Name (Print Name):
	Examiner's Signature:

STEP SPARRING

○ 3-step sparring exercise number 5:

Attacker: Right leg back left Walking stance, stepping forward 3 Walking stance middle Fore fist punches.

Defender: Stepping back with the right leg first 3 L-stance Twin Outer Forearm blocks.

Counter Attack: Left middle Side Piercing kick, lower left leg to right leg, right leg step backwards into a right L-stance Outer Forearm Guarding Block.

○ 3-step sparring exercise number 6:

Attacker: Left leg back right Walking stance, stepping forward 3 Knifehand side strikes in an L-stance.

Defender: Stepping back with the left leg first 3 L-stance Knifehand Guarding blocks.

Counter Attack: Left leg steps back foot to foot right middle Back Piercing kick, left L-stance right Knifehand side strike.

▶ STEP SPARRING

- **2-step sparring exercise number 1:**
Attacker: Right leg back into a L-stance, step forward right Walking Stance right High Fore fist Punch, step forward left Walking Stance two handed choke.
Defender: Step back with right leg left Walking Stance left High Outer Forearm Block, step back into a right Walking Stance High Outer Forearm Wedging Block.
Counter Attack: right lead leg Front Snap Kick, right Obverse Punch, left Reverse Punch (punching in fast motion).

- **2-step sparring exercise number 2:**
Attacker: Right leg back into a right L-stance, coming forward rear leg Middle Side Thrusting Kick, step forward left Walking Stance left Fore fist Punch.
Defender: Step back with left leg into a left L-stance Middle Knifehand Guarding Block, step back with the right leg into a left Walking Stance.
Counter Attack: Left straight Fingertip Thrust while blocking downward with the right palm, left lead leg High Kick, left High Back Fist Side Strike.

▶ SELF-DEFENSE (Ho Sin Sul)

- Bear Hug (Hands pinned & hands free, Front & Back)
- Head Lock
- Twin Lapel or Double Hand Choke
- Shoulder Roll forward (Right & Left side)
- Control from a single cross grab to the wrist
- Control from two handed grab to the wrists
- Lock Flow 1
- Lock Flow 2

<input type="checkbox"/> COMPLETE <hr/> DATE:	Examiner's Name (Print Name):
	Examiner's Signature:

▶ SPARRING COMBOS

- **Combo. #5** Jab / Cross / Low Side Turning Kick
- **Combo. #6** Jab / Cross / High Side Turning Kick
- **Combo. #7** Lead low Side Piercing / High Turning Kick (Consecutive)
- **Combo. #8** High lead Turning / Low Side Piercing Kick (Consecutive)
- **Combo. #9** Side Piercing / KickBack Kick (Combination)
- **Combo. #10** Rear Turning Kick / 360 - Turning Kick
- **Combo. #11** Back fist / step out 90 degrees / Reverse Punch
- **Combo. #12** Catch Block / Perry Block / Reverse Punch
- **Combo. #13** Jab / Cross / Hook / Cross / Jab / Hook

<input type="checkbox"/> COMPLETE <hr/> DATE:	Examiner's Name (Print Name):
	Examiner's Signature:

▶ SPARRING ROUNDS

- Round 1 DATE: ____ / ____ / ____
- Round 2 DATE: ____ / ____ / ____
- Round 3 DATE: ____ / ____ / ____
- Round 4 DATE: ____ / ____ / ____
- Round 5 DATE: ____ / ____ / ____
- Round 6 DATE: ____ / ____ / ____
- Round 7 DATE: ____ / ____ / ____
- Round 8 DATE: ____ / ____ / ____
- Round 9 DATE: ____ / ____ / ____
- Round 10 DATE: ____ / ____ / ____

<input type="checkbox"/> COMPLETE <hr/> DATE:	Examiner's Name (Print Name):
	Examiner's Signature: