

DOUBLE RED STRIPE TAEKWON-DO REQUIREMENTS

3RD GUP (DOUBLE RED STRIPE) test for 2ND GUP (RED 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 64 Advanced level classes.

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|---|---|---|---|
| <input type="checkbox"/> 1: DATE _____ | <input type="checkbox"/> 17: DATE _____ | <input type="checkbox"/> 33: DATE _____ | <input type="checkbox"/> 49: DATE _____ |
| <input type="checkbox"/> 2: DATE _____ | <input type="checkbox"/> 18: DATE _____ | <input type="checkbox"/> 34: DATE _____ | <input type="checkbox"/> 50: DATE _____ |
| <input type="checkbox"/> 3: DATE _____ | <input type="checkbox"/> 19: DATE _____ | <input type="checkbox"/> 35: DATE _____ | <input type="checkbox"/> 51: DATE _____ |
| <input type="checkbox"/> 4: DATE _____ | <input type="checkbox"/> 20: DATE _____ | <input type="checkbox"/> 36: DATE _____ | <input type="checkbox"/> 52: DATE _____ |
| <input type="checkbox"/> 5: DATE _____ | <input type="checkbox"/> 21: DATE _____ | <input type="checkbox"/> 37: DATE _____ | <input type="checkbox"/> 53: DATE _____ |
| <input type="checkbox"/> 6: DATE _____ | <input type="checkbox"/> 22: DATE _____ | <input type="checkbox"/> 38: DATE _____ | <input type="checkbox"/> 54: DATE _____ |
| <input type="checkbox"/> 7: DATE _____ | <input type="checkbox"/> 23: DATE _____ | <input type="checkbox"/> 39: DATE _____ | <input type="checkbox"/> 55: DATE _____ |
| <input type="checkbox"/> 8: DATE _____ | <input type="checkbox"/> 24: DATE _____ | <input type="checkbox"/> 40: DATE _____ | <input type="checkbox"/> 56: DATE _____ |
| <input type="checkbox"/> 9: DATE _____ | <input type="checkbox"/> 25: DATE _____ | <input type="checkbox"/> 41: DATE _____ | <input type="checkbox"/> 57: DATE _____ |
| <input type="checkbox"/> 10: DATE _____ | <input type="checkbox"/> 26: DATE _____ | <input type="checkbox"/> 42: DATE _____ | <input type="checkbox"/> 58: DATE _____ |
| <input type="checkbox"/> 11: DATE _____ | <input type="checkbox"/> 27: DATE _____ | <input type="checkbox"/> 43: DATE _____ | <input type="checkbox"/> 59: DATE _____ |
| <input type="checkbox"/> 12: DATE _____ | <input type="checkbox"/> 28: DATE _____ | <input type="checkbox"/> 44: DATE _____ | <input type="checkbox"/> 60: DATE _____ |
| <input type="checkbox"/> 13: DATE _____ | <input type="checkbox"/> 29: DATE _____ | <input type="checkbox"/> 45: DATE _____ | <input type="checkbox"/> 61: DATE _____ |
| <input type="checkbox"/> 14: DATE _____ | <input type="checkbox"/> 30: DATE _____ | <input type="checkbox"/> 46: DATE _____ | <input type="checkbox"/> 62: DATE _____ |
| <input type="checkbox"/> 15: DATE _____ | <input type="checkbox"/> 31: DATE _____ | <input type="checkbox"/> 47: DATE _____ | <input type="checkbox"/> 63: DATE _____ |
| <input type="checkbox"/> 16: DATE _____ | <input type="checkbox"/> 32: DATE _____ | <input type="checkbox"/> 48: DATE _____ | <input type="checkbox"/> 64: 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)

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| <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

- 1-step sparring exercise number 1
- 1-step sparring exercise number 2
- 1-step sparring exercise number 3
- 1-step sparring exercise number 4

| | |
|--|---|
| <input type="checkbox"/> COMPLETE _____ 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: ____ / ____ / ____
- Round 11 DATE: ____ / ____ / ____
- Round 12 DATE: ____ / ____ / ____
- Round 13 DATE: ____ / ____ / ____
- Round 14 DATE: ____ / ____ / ____
- Round 15 DATE: ____ / ____ / ____
- Round 16 DATE: ____ / ____ / ____
- Round 17 DATE: ____ / ____ / ____
- Round 18 DATE: ____ / ____ / ____
- Round 19 DATE: ____ / ____ / ____
- Round 20 DATE: ____ / ____ / ____

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

▶ SPARRING COMBOS

- **Combo. #23** Rear Low Turning Kick / High Reverse Turning Kick
- **Combo. #24** Rear leg step / Back Piercing Kick
- **Combo. #25** Rear leg step / Reverse Turning Kick
- **Combo. #26** Opponent: Rear leg Side Turning Kick
Counter: Skip Side ways and Jab
- **Combo. #27** Opponent: Rear leg Side Turning Kick
Counter: Jumping Back Fist
- **Combo. #28** Opponent: Rear leg Side Turning Kick
Counter: Back Piercing Kick
- **Combo. #29** Opponent: Rear leg Side Turning Kick
Counter: Reverse Turning Kick
- **Combo. #30** Opponent: Rear leg high Side Turning Kick
Counter: Rear leg low Side Turning Kick
- **Combo. #31** Opponent: Lead leg Side Piercing Kick
Counter: Step rear leg side ways Reverse Punch
- **Combo. #32** Opponent: Lead leg Side Piercing Kick
Counter: Sliding forward Lead arm block
Reverse Punch

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

▶ SELF-DEFENSE (Ho Sin Sul)

- Take-down against a forefist punch
- Take-down against Front Snap kick
- Take-down against Side Turning kick
- Take-down against Side Piercing kick
- Heel Throw
- Thigh Throw
- Hip Throw
- Double Leg Sweep
- Outside Major Reap
- Inside Major Reap
- Knee Wheel Sweep

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

Attend a minimum of 5 classes demonstrating to lower belts discipline and good technique.

- 1: DATE _____
- 2: DATE _____
- 3: DATE _____
- 4: DATE _____
- 5: DATE _____

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|---|
| Examiner's Name (Print Name): _____ Examiner's Signature: |
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