

# YELLOW STRIPE

## TAEKWON-DO REQUIREMENTS

9TH GUP (YELLOW STRIPE) test for 9TH GUP (DOUBLE YELLOW STRIPE)

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 16 Beginning level classes.

<input type="checkbox"/> 1: DATE _____	<input type="checkbox"/> 9: DATE _____
<input type="checkbox"/> 2: DATE _____	<input type="checkbox"/> 10: DATE _____
<input type="checkbox"/> 3: DATE _____	<input type="checkbox"/> 11: DATE _____
<input type="checkbox"/> 4: DATE _____	<input type="checkbox"/> 12: DATE _____
<input type="checkbox"/> 5: DATE _____	<input type="checkbox"/> 13: DATE _____
<input type="checkbox"/> 6: DATE _____	<input type="checkbox"/> 14: DATE _____
<input type="checkbox"/> 7: DATE _____	<input type="checkbox"/> 15: DATE _____
<input type="checkbox"/> 8: DATE _____	<input type="checkbox"/> 16: DATE _____

### 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	Parent's Name: (If the student is under the age of 18):
DATE: _____	Parent's Signature:

In Studio

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

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.)

### STANCES

○L-stance

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

### HAND TECHNIQUES

- Hook Punch
- Uppercut Punch

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

### PATTERN

○Chon-Ji

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

### KICKING

- Turning kick (lead leg, rear leg & stepping motion)
- Side Turning kick (lead leg, rear leg & stepping motion)
- Combination kicking (2 or more kicks alternating feet)

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

