

TEAM ELITE MARTIAL ARTS

9058181312

WWW.TEAMELITEMARTIALARTS.COM

TEMA

團隊精英武術

Date: Month _____ / Day _____ / 20 _____

Grading Sheet Application

Name of Student _____

Student Address _____ City _____

Address Line 2 _____ Province _____ Postal Code _____ Country _____

(_____) _____

Student Home Phone Number _____ Student Email Address _____

Grading Date Request: Month _____ / Day _____ / Year _____ Current Rank: _____

Fitness	1 2 3 4 5 6 7 8 9 10	Attitude	1 2 3 4 5 6 7 8 9 10		
Dachi/Stances	1 2 3 4 5 6 7 8 9 10	Focus	1 2 3 4 5 6 7 8 9 10		
Uke/Blocks	1 2 3 4 5 6 7 8 9 10	Respect	1 2 3 4 5 6 7 8 9 10		
Tsuki/Strikes	1 2 3 4 5 6 7 8 9 10	Etiquette	1 2 3 4 5 6 7 8 9 10		
Geri/Kicks	1 2 3 4 5 6 7 8 9 10	Determination	1 2 3 4 5 6 7 8 9 10		
Kata/Forms	1 2 3 4 5 6 7 8 9 10	Spirit	1 2 3 4 5 6 7 8 9 10		
Weapons	1 2 3 4 5 6 7 8 9 10	Humility	1 2 3 4 5 6 7 8 9 10		
Self Defense	1 2 3 4 5 6 7 8 9 10	Empathy	1 2 3 4 5 6 7 8 9 10		
LC Sparring	1 2 3 4 5 6 7 8 9 10	Energy	1 2 3 4 5 6 7 8 9 10		
PT Sparring	1 2 3 4 5 6 7 8 9 10	Consideration	1 2 3 4 5 6 7 8 9 10		
Adv Techniques	1 2 3 4 5 6 7 8 9 10	Effort	1 2 3 4 5 6 7 8 9 10		
Terminology	1 2 3 4 5 6 7 8 9 10	Acknowledgement	1 2 3 4 5 6 7 8 9 10		
Board Break	1 2 3 4 5 6 7 8 9 10	Support	1 2 3 4 5 6 7 8 9 10		
	Total Score		Total Score		

Grades Must Average In the 70 Percentile to Pass. Grades Will Be Based On The Average Of Scores Between All Test Areas.

AUTHORIZED BY: _____
Full Name (PLEASE PRINT)

STUDENT: _____
SIGNATURE (IF OVER 16 YEARS OF AGE)

ACCEPTED BY: _____
SHIHAN TREVOR PERSAUD

PARENT/GUARDIAN _____
Full Name (PLEASE PRINT)

STUDENT: _____
Full Name (PLEASE PRINT)

PARENT/GUARDIAN _____
SIGNATURE