

TEAM ELITE MARTIAL ARTS

9058181312

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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