

BLUE BELT

TAEKWON-DO REQUIREMENTS

4TH GUP (BLUE BELT) test for 3RD GUP (RED 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 64 Advanced level classes.

<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)

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

In Studio

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

▶ STANCES

- Close ready stance type B
- Rear foot stance
- Low stance
- Closed stance

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

▶ HAND TECHNIQUES

- Side block with the reverse knife-hand
- Upward block with the palm
- Upward strike with the elbow
- Vertical punch with the twin forefists
- Upset punch with the twin forefists
- Rising block with the x-fist
- Pressing block with the palm
- Angle punch with the forefist
- U-shape block with the arc-hands

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

▶ CONDITIONING

- Finger Tip Push-ups (5)
- Jumping Shuffle Push-ups (10)
- Drive Bombers (10)
- One Legged Squat (1)
- Headstand Leg Extenders (5)
- Sit-up Knee up's (10)
- Pendulum (10)
- Stretching - Side & Front Splits, Feet together

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

▶ KICKING

- Vertical Kick (with the footsword & reverse footsword)
- Reverse Turning Kick - toward front or side front
- Sweeping Kick (Inward & Outward)
- Mid-air 180° back piercing kick
- Triple Kicks
- Three Consecutive Kicks - same direction

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

▶ BREAKING

- Children (Ages 13 and under)
- 1/2 Board Reverse Turning kick
 - 1/2 Board Mid-air 180° Back Piercing kick
- Women & Juniors (Juniors age 13 to 17)
- 1/2 Board Reverse Turning kick
 - 1 Board Mid-air 180° Back Piercing kick
- Men (Ages 18 and above)
- 1 Board Reverse Turning kick
 - 2 Board Mid-air 180° Back Piercing kick

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

▶ PATTERN

- Joong-Gun

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

▶ REQUIRED KNOWLEDGE

- Counting to 70 in Korean (ILHUN)
- Joong-Gun pattern Interpretation
- 10 responsibilities of Student-Instructor Relationship
- Demonstration of SELF-CONTROL

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