



Hockey Skating 4 Test Form

Test Date _____

Rink ISI # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Backward Skating (C-Cuts)

Backward Glide

Forward to Backward Turn (Mohawk)

Backward to Forward Turn (Step Out)

Agility / Balance

Stomach (Belly Touch)

Jump Over Stick

TEST RESULT **PASS** _____ **INCOMPLETE** _____

Examiner Signature _____ Prof. # _____

Comments: _____

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