



ISI Hockey Skating 2

Test Date _____

ISI Rink # _____ Rink Name _____

Name _____ ISI # _____

Address _____

City _____ State _____ Zip _____

Skaters Age _____ Male _____ Female _____

MANEUVERS

Pass

Incomplete

Circle Side Pumps

Clockwise

Counter clockwise

Control Stop

Right

Left

Control Turn

Right

Left

Agility / Balance

Two Foot Inside / Outside Edges

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

Examiner Signature _____ Prof. # _____

Comments: _____

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