

KATA Athletes Fitness Test Form

Athlete Name:		Age:	Category:	Club / Association:				
Contact Phone No.:		Coach's name & Contact phone No.:						
Test Location:		Date of Test:	Name of instructor conducting the test:		U16yrs	16/17yrs	18yrs+	Vets
Exercise	Press-ups	Squat Thrusts	Sit-ups	Shiko-Dachi Jump Squats	Tuck Jumps	Dips	Overall Time	
Test 1	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	
Test 2	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	
Test 3	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	
Test 4	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	
Test 5	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	PASS FAIL	

IMPORTANT: All athletes please note that failure to bring this testing form to EKF National Squad Training & Selections may result in being excluded from the selection process for major events.

National Coach Signature:

Date: