

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:		Tick the Athlete Category of 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		
Test 2	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		
Test 4	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		

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: