

ROUND 2 – COMMENT JUDGE

TEAM: _____

COMPETITORS: _____

10 - COUNT MOTION DRILL:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Timing of motions | <input type="checkbox"/> Hit motions | <input type="checkbox"/> Punch motions | <input type="checkbox"/> T's and V's different angles |
| <input type="checkbox"/> diagonals off | <input type="checkbox"/> bent wrists | <input type="checkbox"/> claps off | <input type="checkbox"/> lunge not same |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER: _____

SKILL 1:

- | | | |
|---|--|---|
| <input type="checkbox"/> Toes Not Pointed @ Top | <input type="checkbox"/> Bent Legs @ Top | <input type="checkbox"/> Height of Jump |
| <input type="checkbox"/> Timing of Prep/Arm Swing | <input type="checkbox"/> Timing of Middle of Skill | <input type="checkbox"/> Timing of Landing |
| <input type="checkbox"/> Angles of Arms Not Same | <input type="checkbox"/> Heads Not Same | <input type="checkbox"/> Bent Legs on Landing |
| <input type="checkbox"/> Body Positions Different | <input type="checkbox"/> Angles of Legs Not Same | <input type="checkbox"/> Form of Tumbling Skill Off |

OTHER: _____

SKILL 2:

- | | | |
|---|--|---|
| <input type="checkbox"/> Toes Not Pointed @ Top | <input type="checkbox"/> Bent Legs @ Top | <input type="checkbox"/> Height of Jump |
| <input type="checkbox"/> Timing of Prep/Arm Swing | <input type="checkbox"/> Timing of Middle of Skill | <input type="checkbox"/> Timing of Landing |
| <input type="checkbox"/> Angles of Arms Not Same | <input type="checkbox"/> Heads Not Same | <input type="checkbox"/> Bent Legs on Landing |
| <input type="checkbox"/> Body Positions Different | <input type="checkbox"/> Angles of Legs Not Same | <input type="checkbox"/> Form of Tumbling Skill Off |

OTHER: _____

SKILL 3:

- | | | |
|---|--|---|
| <input type="checkbox"/> Toes Not Pointed @ Top | <input type="checkbox"/> Bent Legs @ Top | <input type="checkbox"/> Height of Jump |
| <input type="checkbox"/> Timing of Prep/Arm Swing | <input type="checkbox"/> Timing of Middle of Skill | <input type="checkbox"/> Timing of Landing |
| <input type="checkbox"/> Angles of Arms Not Same | <input type="checkbox"/> Heads Not Same | <input type="checkbox"/> Bent Legs on Landing |
| <input type="checkbox"/> Body Positions Different | <input type="checkbox"/> Angles of Legs Not Same | <input type="checkbox"/> Form of Tumbling Skill Off |

OTHER: _____

SKILL 4:

- | | | |
|---|--|---|
| <input type="checkbox"/> Toes Not Pointed @ Top | <input type="checkbox"/> Bent Legs @ Top | <input type="checkbox"/> Height of Jump |
| <input type="checkbox"/> Timing of Prep/Arm Swing | <input type="checkbox"/> Timing of Middle of Skill | <input type="checkbox"/> Timing of Landing |
| <input type="checkbox"/> Angles of Arms Not Same | <input type="checkbox"/> Heads Not Same | <input type="checkbox"/> Bent Legs on Landing |
| <input type="checkbox"/> Body Positions Different | <input type="checkbox"/> Angles of Legs Not Same | <input type="checkbox"/> Form of Tumbling Skill Off |

OTHER: _____

SKILL 5:

- | | | |
|---|--|---|
| <input type="checkbox"/> Toes Not Pointed @ Top | <input type="checkbox"/> Bent Legs @ Top | <input type="checkbox"/> Height of Jump |
| <input type="checkbox"/> Timing of Prep/Arm Swing | <input type="checkbox"/> Timing of Middle of Skill | <input type="checkbox"/> Timing of Landing |
| <input type="checkbox"/> Angles of Arms Not Same | <input type="checkbox"/> Heads Not Same | <input type="checkbox"/> Bent Legs on Landing |
| <input type="checkbox"/> Body Positions Different | <input type="checkbox"/> Angles of Legs Not Same | <input type="checkbox"/> Form of Tumbling Skill Off |

OTHER: _____

GENERAL IMPRESSION:

CREATIVITY, CONTINUITY, TEAM CONFIDENCE, OVERALL
IMPRESSION, & UNIQUENESS

