



Trampoline Gymnastics Level 2 Practical Form (old NCCP)

This form is to be returned to your
Provincial/Territorial Gymnastics Organization



Please keep a copy of this form in your Coaching Portfolio!

Name:	CC number:.....
Address:	Date of Birth:.....
.....	Phone (H):.....
.....	Email address:.....
Club:	Phone:.....
Address:	Email address:.....
.....	Head coach:.....

Date completed: Level 1 Theory:	Level 1 Technical:.....
Level 2 Theory:	Level 2 Technical:.....
Date started: Level 2 Practical:	150 hours completed:.....
Date completed: First Aid course:	Expiry date:.....
Number of training sessions/week:	Number of hours/session:.....

Describe the gymnastics program (number of gymnasts, age, ability level, competitive level, etc.)

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Describe your involvement in the program (position, responsibilities, length of time, etc.)

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I, state honestly that I have supervised
(print Supervisor's name) (print Coach's name)
 during a minimum of 150 hours of practical coaching experience. The practical coaching hours were initiated after completion of the Level 2 Gymnastics Theory and Technical courses. I am confident that this coach has a good understanding of, and is capable of applying the Level 2 material when coaching entry level competitive Trampoline gymnasts.

Date: Signature supervisor:.....

I, state honestly that the above information is true and accurate.
(print coach's name)
 Date: Signature coach:.....
