



GYMNASTICS CANADA NCCP LEVEL 2 COACHING RECORD FORM FOR TRAMPOLINE

Name: _____ Date of Birth: _____
 Address _____ NCCP Passport # CC: _____
 City: _____ Prov: _____ Postal Code: _____
 Phone Number: _____ (H) _____ (W) Zone: _____
 Club/Institution: _____
 Address: _____ City: _____ Postal Code: _____
 E-mail Address: _____ Canadian Forces RCMP Aboriginal
 Education Level: Secondary College University
 Language: English French

Date Completed: Level 2 Trampoline _____ Level 2 Theory _____
 Date Started Level 2 Practical _____ 150 hours completed _____
 Number of training sessions/week _____ Duration of each session _____
 Completed MED Competition-Introduction online exam _____

Describe the program in which you are using the trampoline (ages, levels, abilities, times per week, etc.):

Describe your involvement in the program (your position, responsibilities, etc.):

Head Coach/Supervisor (please print) _____
 H.C./Supervisor Signature _____
 Your Signature _____
 Dated: _____

Return to: Gymnastics Saskatchewan
 1870 Lorne Street Regina, Sk. S4P 2L7
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