300-1734 Elphinstone Street; Regina, SK; S4T 1K1

Fax: (306) 780-9475

Email: [jbenson@gymsask.com](mailto:jbenson@gymsask.com)

| Request for temporary certification recognition2018-2019 | | | | |
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| Clubs may request a temporary exemption for a coach who does not hold a full certification to be able to take the responsibilities normally permitted only to coaches having a full certification. The request is subject to approval by a Gymnastics Saskatchewan staff person and will temporarily allow the coach who is in the process of completing their certification to be covered in their functions and responsibilities like a certified coach. The application must be completed in full and prove that the responsibilities given to the non-certified coach are reasonably safe, and consider the coach’s ability and environment that they will be in. | | | | |
| Name of the Coach: | | | | |
| Coach’s Email: | | | | |
| NCCP #: | | | Club: | |
| Supervisor’s Name: | | | | |
| Supervisor’s Position/Title: | | | | |
| current courses completed (check all that apply) | | | | |
| ❑ Gymnastics Foundations Introduction  ❑ Gymnastics Foundations Theory  ❑ Gymnastics Foundations Artistic  ❑ Gymnastics Foundations Trampoline  ❑ Gymnastics Foundations Rhythmic  ❑ Gymnastics Foundations Active Start | | ❑ Make Ethical Decisions online exam  ❑ Respect in Sport online modules  ❑ Competition 1 Women’s Artistic  ❑ Competition 1 Men’s Artistic  ❑ Level 2 ❑ Trampoline ❑ Rhythmic  ❑ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Expected date that portfolio will be submitted to Gym Sask: | | | | |
| Duration of exemption request (until what date is temporary certification needed): | | | | |
| **RESPONSIBILITES ASSIGNED TO THE COACH** | | | | |
| Level of athletes: | | | # of hrs coaching per week: | |
| Other activity taking place at the same time if exemption is requested for in club activities: | | | | |
| Gym Sask sanctioned events the coach is planning to attend (if applicable): | | | | |
| Coaches that will be on site at the same time: | | | | |
| supervisor declaration | | | | |
| Explain why you think it is safe and appropriate for this coach to be temporarily granted the role of certified coach: | | | | |
| List the actions that your club is taking to prevent a similar situation in the future: | | | | |
| Signature of Coach: | | | | date: |
| signature of supervisor: | | | | date: |
| Received: | Approved: | | | Approved By: |