

REQUEST FOR TEMPORARY CERTIFICATION RECOGNITION

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)

- | | |
|--|--|
| <input type="checkbox"/> Gymnastics Foundations Introduction | <input type="checkbox"/> Make Ethical Decisions online exam |
| <input type="checkbox"/> Gymnastics Foundations Theory | <input type="checkbox"/> Respect in Sport online modules |
| <input type="checkbox"/> Gymnastics Foundations Artistic | <input type="checkbox"/> Competition 1 <input type="checkbox"/> WAG <input type="checkbox"/> MAG <input type="checkbox"/> TG <input type="checkbox"/> RG |
| <input type="checkbox"/> Gymnastics Foundations Trampoline | <input type="checkbox"/> Competition 2 <input type="checkbox"/> WAG <input type="checkbox"/> MAG |
| <input type="checkbox"/> Gymnastics Foundations Rhythmic | |
| <input type="checkbox"/> Gymnastics Foundations Active Start | <input type="checkbox"/> Other (specify): _____ |

Expected date that portfolio will be submitted to Gym Sask:

Duration of exemption request (until what date is temporary certification needed):

RESPONSIBILITIES 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: