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

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| Request for temporary certification recognition |
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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 ❑ WAG ❑ MAG ❑ TG ❑ RG❑ Competition 2 ❑ WAG ❑ MAG❑ 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: |