

RETURN TO P/T OFFICE

TRAMPOLINE LEVEL 3 PRACTICAL FORM

ATTACH PROOF

Mandatory Level 3 Practical Tasks *Date Completed*

- 1) 300 Level 3 Coaching Hours -----> _____
- 2) First aid certificate, which includes CPR -----> _____
- 3) Minimum of 25 points accumulated through Practical Tasks -----> _____

Required Points: Must obtain minimum 5 points in this section. **Points Allocated** **Points Claimed**

| | |
|--|-----------|
| • Coach 1 or more athlete(s) who qualifies to attend Canadian Championships in T&T | 5 points |
| • Coach 1 or more athlete(s) who qualifies to the National T&T AG team | 10 points |
| • Coach 1 or more athlete(s) who qualifies to the National T&T Y / Sr. team | 15 points |

Elective Points:

| | |
|---|-----------|
| • Presenter at a coaching clinic (PSO and/or GCG approved) | 10 points |
| • Be a current OR become an NCCP Trampoline Course Conductor | 15 points |
| • Attend a coaching clinic (PSO and/or GCG approved) | 5 points |
| • Be a current OR become a provincial level judge in trampoline | 5 points |
| • <u>OR</u> be a current OR become a national / international level judge | 10 points |
| • Complete 40 hours as a volunteer at provincial and/or national level | 5 points |

Possible Optional Point Opportunities equaling -----> 75 points

**** Points for each task can only be claimed once**

Minimum Pont Total

25 points

Your Point Total

I hereby certify that I have completed a minimum of 25 points and would like my name entered in the CAC database as having completed my Level 3 Practical.

Signature

Date

Gymnastics Canada Gymnastique Coaching Certification

Trampoline Gymnastics



LEVEL 3

The prerequisite requirements to attaining Level 3 Trampoline Certification in the NCCP Certification Program are:

- ⇒ Attend & Pass the Level 3 Theory Course
- ⇒ Attend & Pass the Level 3 Technical Gymnastics Course
- ⇒ Attach proof of completion of L3 Practical Tasks

The purpose of this form is to provide an official document stating that you have successfully complete all three requirements.

Name: _____ Date of Birth: _____ / _____ / _____
day month year

NCCP Passport Number: _____ Email: _____

Permanent Home Address: _____ City: _____

Postal Code: _____ Contact Phone Number: (_____) _____

Club/Institution: _____ Club Phone Number: (_____) _____

Name of Supervisor/Head Coach (S/HC): _____

Brief description of the program (include: number of gymnasts, age, ability, level)

Describe your involvement in the program (include: your position & responsibilities)

Date completed level 3 Technical _____ / _____ / _____ / _____ Location: _____
Month Day Year

Date completed level 3 Theory _____ / _____ / _____ / _____ Location: _____
Month Day Year

It is the responsibility of the supervisor/head coach to continuously review the workbook and to insure the coach comprehends and is able to instruct level 2 Gymnastics material.

S/HC Signature: _____ Date: _____ / _____ / _____

Your Signature: _____ Date: _____ / _____ / _____

Return to:
Alberta Gymnastics Federation
207, 5800 2nd Street SW
Calgary, AB T2H 0H2

Please include a \$10.00 processing fee.
Applications will not be processed until payment is made
Cash, Cheques, Mastercard and Visa accepted.
Cheques payable to Alberta Gymnastics Federation