

CANADIAN GYMNASTICS FEDERATION  
National Coaching Certification Program  
Level 2 Coaching Record Form

# TRAMPOLINE



This form is to be returned to your  
Provincial/Territorial Gymnastics Association

Your name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (O) \_\_\_\_\_ C.C. # \_\_\_\_\_

Club/Institution: \_\_\_\_\_

Address of Club/Institution: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date Completed *Level 1 Technical*: \_\_\_\_\_ *Theory*: \_\_\_\_\_

*Level 2 Technical*: \_\_\_\_\_ *Theory*: \_\_\_\_\_

Date Started *Level 2 Practical*: \_\_\_\_\_ *Hours Completed*: \_\_\_\_\_

Number of Training Sessions/Week: \_\_\_\_\_ Duration of Each Session: \_\_\_\_\_

Describe the gymnastics program ( number of gymnasts, age, ability, level of participation):

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

Head Coach/Supervisor (*please print*) \_\_\_\_\_

H.C. Signature: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_