

Gymnastics Canada Gymnastique 3M National Coaching Certification Program Level 1 Coaching Record Form

Part 1: Supervisor's Declaration

This form is to be completed by the Head Coach/Supervisor of _____.
(Coach's name)

I, _____ state honestly that I have supervised _____,
(Print Supervisor's name) (Print Coach's name)

during a minimum of 30 hours of coaching within a 24 month period following the completion of the theory
_____ and technical courses _____.
(Date completed) (Date completed)

Head Coach/Supervisor (please print): _____ Date: _____

NCCP#: _____ Certification Level: _____ Signature: _____

Home Address: _____ Postal Code: _____

Phone: _____ Club: _____

Part 2: Coach's Information

Coach's Name: _____ Date of Birth: _____ NCCP #: _____
D/M/Y

Mailing Address: _____ Postal Code: _____

Club: _____ Position: _____

Date Completed Level 1 Technical: _____ Theory: _____

Date Started Level 1 Practical: _____ Date Level 1 Practical 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):

I verify that all of the information provided is, to the best of my knowledge, true and complete.

Signature: _____ Date: _____