

RECORD OF LEVEL THREE PRACTICAL COACHING HOURS

Must be Level 2 Certified prior to submitting practical hours

- 1. Please print clearly
- 2. Complete ONE form for EACH discipline for which you are submitting practical hours for
- 3. Ensure all requirements are attached (ie. copy of coach transcript, first aid certificate)
- 4. When **FULLY** completed fax or mail to: Gymnastics Ontario 2950 Keele Street, Suite 202, North York ON, M3M 2H2 Fax: 647-344-4816

PLEASE NOTE: Practical hours must be completed in a facility that is a REGISTERED & ACTIVE member of Gymnastics Ontario. The hours must be signed off by a head coach with a MINIMUM certification of NCCP LEVEL 2 in Gymnastics. The head coach must also be a REGISTERED & ACTIVE member of Gymnastics Ontario.

Personal Data	Name:					NCCP#:				
	Address:				Date of birth (dd/mm/yyyy):					
Per	City:			Province:		Postal Code:	al Code: Phone num		nber:	
Discipline	ARTISTIC			TRAMPOLINE				RHYTHMIC		
	ALL PRACTICAL HOURS MUST BE COMPLETED FOLLOWING THE COMPLETION OF THE THEORY & TECHNICAL 3 COURSES.									
	MEN'S REQUIREMENTS:		REQUIREMENTS:				REQUI	REQUIREMENTS:		
	 Minimum of 1 year of practical coaching with 1 athlete after the completion of Theory and Technical 		300 hours of coaching at the competitive level							
	Please refer to the Gymnastics Canada Level 3 Practical Evaluation		Basic first aid and CPR Earned 25 points as per the GCG Level 3							
	Guidebook.		Practical requirements							
	WOMEN'S REQUIREMENTS:		ATTACHED DOCUMENTS:							
	 Minimum of 1 year of practical coaching with 1 athlete after the completion of Theory and Technical 		 Must include a copy of your basic first aid and CPR certificate 			d				
	□ Please refer to the Gymnastics Canada Level 3 Practical Evaluation		IMPORTANT: Your hours will not be processed unless this certificate is submitted.			d				
	Guidebook.		GCG Trampoline Level 3 Practical Form							
Coaching History	Artistic			Trampoline				Rhythmic		
	FILL IN THE DAT	U COMP	OMPLETED YOUR NCCP THEORY AND TECHNCIAL COURSE (PROOF must be attached)							
	THEORY:			THEORY:				THEORY:		
೮ ≖	TECHNICAL:		TECHNICAL:			TECHN	TECHNICAL:			
cal	Start date:	d. Takal # of weeker # of elect			lacese / w	sses/week: Duration of class:				
	Start date:	Date complete	completea:		Total # of weeks: # of cl		:1455E5/ W	eek:	Duration of class:	
Practical Hours	Age range of participants:			Participant level: (Preschool/Recreational - specify CanGym levels/Interclub/Competitive)					etitive)	
Approval	Name of Head Coach (printed):				NCCP #:		Club:	lub:		
	Signature of Head Coach:			Address:						
	Signature of Applicant: Da		ite: (City/Province:			Postal Code:		
					CODY FOR					

PLEASE KEEP A COPY FOR YOUR RECORDS