

**Gymnastics Canada Gymnastique**  
**3M National Coaching Certification Program**  
**Level 2 Coaching Record Form – Rhythmic Gymnastics**

**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)

a minimum of 60 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 2 Technical: \_\_\_\_\_ Level 2 Theory: \_\_\_\_\_

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

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: \_\_\_\_\_