



Coach General Information Form

Use this form to register for Hands-on Credentialing. Fax, Mail or E-mail this form to your CREDENTIALING INSTRUCTOR with payment. Form and payment must be received at least 10 days prior to the credentialing session.

Coach Information:

Coach Name _____
 Home Mailing Address: _____

 City _____ State _____ Zip _____
 E-mail Address : _____

 Home Phone _____
 Work Phone _____
 Cell Phone _____
 What is the best way to reach you?
 E-mail _____ Cell Phone _____ Wk Phone _____ Home Phone _____
 Mail Certificates to which address: Home _____ Gym _____

Hands-on Testing Information:

Which Skill Sets and Levels will you be completing for the first time?:
 Stunts: 1 2 3 4 5 6 Tumbling: 1 2 3 4 5
 Tosses: 2 3 4 5 6
 Total # of tests _____ @ \$15 each = \$ _____
 OR Re-credentialing through Level 5 in: Stunts Tumbling Tosses
 Total # of tests _____ @ \$35 each = \$ _____

Membership Information:

Please indicate your membership type:
NOTE: If a GYM is a member, all coaches in the gym are considered members. Coach membership is intended for coaches not affiliated with a specific gym OR Coach at a gym that is not a member.
 _____ Individual Coach Member
 _____ I work at a gym that is a USASF Member
 Are you paying your membership fee now? YES NO
 If YES, is this a RENEWAL or NEW membership?
 Membership fees: Coach \$40 Gym \$150

Payment Information:

Amount Due:
 Credentialing \$ _____ + Membership \$ _____ = \$ _____
 Payment Method: Check # _____ Credit Card _____
 Credit Card # _____
 Expiration Date: _____ # on Back _____
 Cardholders Name _____
 Cardholders Billing Address _____

 City _____
 State _____ Zip _____
 Cardholder's Signature: _____

Gym Information:

Gym Name _____
 Team Name _____
 Gym Owner Name(s) _____
 Gym Owner Cell Phone _____
 Gym Mailing Address: _____

 City _____
 State _____ Zip _____
 Gym E-mail Address: _____

 Gym Website: _____

 Gym Phone _____
 Gym Fax _____

FOR OFFICE USE ONLY (Testing Results):

LEVEL	STUNTS WRITTEN	STUNTS HANDS-ON	PFE
1			N/A
2			N/A
3			
4			
5			
6			

LEVEL	TOSSES WRITTEN	TOSSES HANDS-ON	PFE
1			N/A
2			N/A
3			
4			
5			
6			

LEVEL	TUMBLING WRITTEN	TUMBLING HANDS-ON	PFE
1			N/A
2			N/A
3			
4			
5			
6			



Practical Field Experience Form

Complete this form and bring it with you to the **HANDS-ON CREDENTIALING SESSION**

Coach Information:

Coach Name _____

E-mail Address :

Cell Phone _____

Home Phone _____

Work Phone _____

Gym Information:

Gym Name _____

Gym Owner Name _____

Gym Owner Cell Phone _____

Gym is located in :

City _____ State _____

Gym Phone _____

Experience Validation Tosses Levels 3 & 4:

As the owner of the gym listed above, I validate that the above named coach has **100 HOURS** of coaching experience at **TOSSES LEVEL 2** qualifying him/her for credentialing Tosses at Levels 3 & 4.

Gym owner signature

Date

Experience Validation Tosses Levels 5:

As the owner of the gym listed above, I validate that the above named coach has **150 HOURS** of coaching experience at **TOSSES LEVELS 3 & 4** qualifying him/her for credentialing Tosses at Level 5.

Gym owner signature

Date

Experience Validation Stunts Levels 3 & 4:

As the owner of the gym listed above, I validate that the above named coach has **100 HOURS** of coaching experience at **STUNTS LEVELS 1 & 2** qualifying him/her for credentialing Stunts at Levels 3 & 4.

Gym owner signature

Date

Experience Validation Stunts Levels 5:

As the owner of the gym listed above, I validate that the above named coach has **150 HOURS** of coaching experience at **STUNTS LEVELS 3 & 4** qualifying him/her for credentialing Stunts at Level 5.

Gym owner signature

Date

Experience Validation Tumbling Levels 3 & 4:

As the owner of the gym listed above, I validate that the above named coach has **100 HOURS** of coaching experience at **TUMBLING LEVELS 1 & 2** qualifying him/her for credentialing Tumbling at Levels 3 & 4.

Gym owner signature

Date

Experience Validation Tumbling Levels 5:

As the owner of the gym listed above, I validate that the above named coach has **150 HOURS** of coaching experience at **TUMBLING LEVELS 3 & 4** qualifying him/her for credentialing Tumbling at Level 5.

Gym owner signature

Date

Experience Validation Stunts Levels 6

As the owner of the gym listed above, I validate that the above named coach has **200 HOURS** of coaching experience at **STUNTS LEVEL 5** qualifying him/her for credentialing Stunts at Level 6.

Gym owner signature

Date

Experience Validation Tosses Levels 6:

As the owner of the gym listed above, I validate that the above named coach has **200 HOURS** of coaching experience at **TOSSES LEVEL 5** qualifying him/her for credentialing Tosses at Level 6.

Gym owner signature

Date

Coach Verification:

I verify the information validated above is correct. I possess the required experience to credential at the levels which I will be tested.

Coach signature

Date



WRITTEN TESTS – ANSWER SHEET

Please print in all CAPITAL letters.

Name _____ Cell Phone _____

E-mail Address _____

Gym _____ City, State _____

Date Submitted _____ Signature _____

Please complete this form using all CAPITAL letters. For the True/False section, please **write the entire word TRUE or FALSE**. In the multiple choice section, your capital letters should look like the examples below:

A B C D

TUMBLING											
Level 1		Level 2		Level 3		Level 4		Level 5			
Multiple Choice		Multiple Choice		Multiple Choice		Multiple Choice		Multiple Choice		Matching	
1.		1.		1.		1.		1.		Standing Tumbling	
2.		2.		2.		2.		2.		1.	
3.		3.		3.		3.		3.		2.	
4.		4.		4.		4.				3.	
5.		5.		5.		5.				4.	
6.				6.						5.	
Matching		Matching		7.		Matching				6.	
1.		1.		8.		1.				7.	
2.		2.		9.		2.				8.	
3.		3.				3.				9.	
4.		4.				4.				Running Tumbling	
5.		5.								10.	
True/False		True/False		True/False		True/False		True/False		11.	
1.		1.		1.		1.		1.		12.	
2.		2.		2.		2.		2.		13.	
3.						3.				14.	
4.						4.				15.	
5.						5.				16.	
Score		Score		Score		Score				Score	

