



Practical Field Experience (Validation Form)

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

This form needs to be signed by the gym owner for a coach to be credentialed beyond level 2 in any skill area. If the gym owner is also the credentialing coach, then he/she will sign in both sections...coach and gym owner. The same is true if you do not work at a gym and are a USASF Individual Member.

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 _____

Practical Field Experience 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

Practical Field Experience Tosses Level 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

Practical Field Experience 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

Practical Field Experience Stunts Level 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

Practical Field Experience 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

Practical Field Experience Tumbling Level 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

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