

USA Gymnastics Trampoline & Tumbling

Levels 8-10 Mobility Request

Completed form must be sent to and approved by state chair PRIOR to competition in levels 8, 9, or 10, in all disciplines.

Team _____ USA Gym Club# _____

Athlete Name _____ DOB ___/___/___ USA Gym# _____

TRAMPOLINE Move from Level _____ to Level _____
_____/_____/_____
Score DD Meet Location Meet Date

TUMBLING Move from Level _____ to Level _____
_____/_____/_____
Score DD Meet Location Meet Date

DOUBLE MINI Move from Level _____ to Level _____
_____/_____/_____
Score DD Meet Location Meet Date

I have taught and athlete can perform the required mobility skills.

Coach Signature _____ USA Gym# _____

Coach Name _____ Date ___/___/___

Coach Phone # _____ Coach email _____

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For Use by State Chair. Indicate which disciplines are approved/denied.

APPROVED _____ DENIED _____

Request for mobility has been denied due to the following reason:

Incomplete or Inaccurate Form

Other _____

STATE CHAIR

_____/_____/_____
DATE

USA Gymnastics Trampoline & Tumbling

Levels 5-7 Mobility Tracking

Completed form must be maintained for each athlete and kept on file for moving athletes from levels 5-7. Send with mobility request form when athlete is ready to move to level 8.

Team _____ Club USA Gym# _____

Athlete Name _____ DOB ____/____/____ USA Gym# _____

TRAMPOLINE

Level 5 to 6 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

Level 6 to 7 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

TUMBLING

Level 5 to 6 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

Level 6 to 7 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

DOUBLE MINI

Level 5 to 6 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

Level 6 to 7 Meet & Date _____ / ____ / ____ Score _____

Coach Name _____ Coach USA Gym# _____

Coach Signature

Date Approved

USA GYMNASTICS®