



RECORD OF PRE-CIT COACHING PROGRAM

1. Please print **clearly**.
2. When **FULLY COMPLETED** fax or mail form to the Alberta Gymnastics.
3. Please attach Cheque (**made out to Alberta Gymnastics**) for \$15 along with this form for the processing fee to have the coach placed on the NCCP database. Or include credit card number below:
 Credit Card #: _____ Expiry date: _____

PLEASE NOTE: The Pre-CIT coaching program must be completed in a facility that is a REGISTERED & ACTIVE member of Alberta Gymnastics. The hours must be signed off by a supervising coach with a **MINIMUM certification of NCCP LEVEL 2**. The supervising coach must also be a REGISTERED & ACTIVE member of Alberta Gymnastics.

Pre-CIT Personal Data	Name:		Club Name:	
	Address:		Date of birth (dd/mm/yyyy):	
	City:	Province:	Postal Code:	Phone number:
	Email Address:			

Mentor Coach Data	THE MENTOR COACH MAY BE NCCP LEVEL 1 CERTIFIED OR CERTIFIED GYMNASTICS FOUNDATIONS COACH. THIS IS THE COACH THAT WORKED WITH THE PRE-CIT DURING THEIR 10 HOURS OF ASSISTANT COACHING.	
	Name:	NCCP#:
	Club Name:	Signature:
	Email Address:	

	Task	Completed ✓	Mentor Coach Initial
Program Information	ALL PRACTICAL HOURS MUST BE COMPLETED PRIOR TO ENROLEMENT IN THE FOUNDATIONS INTRODUCTION COURSE.		
	Attendance and Participation in 10 Tutorials (for GCG program only)		
	10 Hours of Assistant Coaching		
	15 Hours of 'Gymming' (In gym time-coaching/training)		
	Up to 10 Hours of Officiating Duties (Volunteering – Events/meets/gym functions)		
	Up to 10 Hours of Administration Duties (Office help, class paperwork)		

Approval	Name of Supervising Level 2 Coach (printed):		NCCP #:	Club:
	Signature of Supervising Level 2 Coach:		Address:	
	Signature of Applicant:		City/Province:	Postal Code:

PLEASE KEEP A COPY FOR YOUR RECORDS

Fax number: 403.259.5588

Email registration/credit card information to: gpeake@abgym.ab.ca

Mail Registration/payment to:

Alberta Gymnastics c/o Gina Peake | 207, 5800 2nd Street SW | Calgary, AB | T2H 0H2