

Salt Lake City Area Office 8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 800-257-5590 • Fax 800-478-9880

GYMNASTICS: TRAMPOLINE ACTIVITIES

Note: The Gymnastics Application must be completed and returned with this form.

1. General Information

Applicant's Name:		
Applicant's Mailing Address:		
City:	State:	Zip:
E-Mail:		
Business Telephone Number: ()	Fax: ()

2. Answer the following questions:

Yes	No					
0	0	Do qualified personnel supervise all trampoline activities? (Include a list of all trampoline qualified personnel to include: Name, age, training and years of experience).				
ο	ο	Are the trampolines secured against use during unsupervised hours? If yes, explain how:				
0	0	Are only advanced or competitive level students allowed to attempt somersaults or salto skills?				
0	0	Do you utilize mats and overhead mechanical spotting devices to teach somersaults and salto skills?				
0	ο	Do you use teaching progressions or lesson plans in all trampoline activities?				
0	0	Do you restrict students from using the trampoline bed as a propelling device for dismounting to the ground?				
0	0	Do your trampolines comply with the standards of the American Society for Testing and Materials (A.S.T.M.)? And the United States Gymnastics Federation?				
0	0	Do you have a trampoline equipment inspection, maintenance, and documentation program?				
0	0	Are springs replaced according to manufacturers' specifications given age and/or wear consideration?				
	Identify the type and avantity of trampolines at your facility:					

3. Identify the type and quantity of trampolines at your facility:

	Quantity	Manufacturer	Year
Freestanding			
Pit			
Mini			
Double Mini			