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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: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

2. Answer the following questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do qualified personnel supervise all trampoline activities? (Include a list of all trampoline qualified personnel to include: Name, age, training and years of experience).
<input type="checkbox"/>	<input type="checkbox"/>	Are the trampolines secured against use during unsupervised hours? If yes, explain how:
<input type="checkbox"/>	<input type="checkbox"/>	Are only advanced or competitive level students allowed to attempt somersaults or salto skills?
<input type="checkbox"/>	<input type="checkbox"/>	Do you utilize mats and overhead mechanical spotting devices to teach somersaults and salto skills?
<input type="checkbox"/>	<input type="checkbox"/>	Do you use teaching progressions or lesson plans in all trampoline activities?
<input type="checkbox"/>	<input type="checkbox"/>	Do you restrict students from using the trampoline bed as a propelling device for dismounting to the ground?
<input type="checkbox"/>	<input type="checkbox"/>	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?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a trampoline equipment inspection, maintenance, and documentation program?
<input type="checkbox"/>	<input type="checkbox"/>	Are springs replaced according to manufacturers' specifications given age and/or wear consideration?

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

	Quantity	Manufacturer	Year
Freestanding			
Pit			
Mini			
Double Mini			