



Practical Field Experience Validation Form

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

COACH INFORMATION

Name _____

IASF Member #: _____

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: _____

| From (Date) | To (Date) | GYM NAME (City/State) | Team you Coached | Division | Level |
|-------------|-----------|-----------------------|------------------|----------|-------|
| | | | | | |
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Experience Validation Building Skills Level 3:

As the owner of the gym listed above, I validate that the above named coach has 100 HOURS of coaching experience at **BUILDING SKILLS LEVELS 1 & 2** qualifying him/her for credentialing Building Skills at Level 3.

Gym owner signature Date

Experience Validation Tumbling Skills Level 3:

As the owner of the gym listed above, I validate that the above coach has a minimum of 100 HOURS of coaching experience at **TUMBLING SKILLS LEVEL 1 & 2** qualifying him/her for credentialing Tumbling Skills at Level 3.

Gym owner signature Date

Experience Validation Building Skills Level 4:

As the owner of the gym listed above, I validate that the above coach has a minimum of 75 HOURS of coaching experience at **BUILDING SKILLS LEVEL 3** qualifying him/her for credentialing Building Skills at Level 4.

Gym owner signature Date

Experience Validation Tumbling Skills Level 4:

As the owner of the gym listed above, I validate that the above coach has a minimum of 75 HOURS of coaching experience at **TUMBLING SKILLS LEVEL 3** qualifying him/her for credentialing Tumbling Skills at Level 4.

Gym owner signature Date

Experience Validation Building Skills Level 5:

As the owner of the gym listed above, I validate that the above coach has a minimum of 75 HOURS of coaching experience at **BUILDING SKILLS LEVEL 4** qualifying him/her for credentialing Building Skills at Level 5.

Gym owner signature Date

Experience Validation Tumbling Skills Level 5:

As the owner of the gym listed above, I validate that the above coach has a minimum of 75 HOURS of coaching experience at **TUMBLING SKILLS LEVEL 4** qualifying him/her for credentialing Tumbling Skills 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 _____