

8722 S. Harrison St. Sandy, UT 84070 P.O. Box 4439 Sandy, UT 84091 877-585-2853 • Fax 877-585-2854

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	Yes No					
			tran	Do qualified personnel supervise all trampoline activities? (Include a list of all trampoline qualified personnel to include: Name, age, training and years of experience).			
			Are the trampolines secured against use during unsupervised hours? If yes, explain how:				
			Are only advanced or competitive level students allowed to attempt somersaults or salto skills?				
			Do you utilize mats and overhead mechanical spotting devices to teach somersaults and salto skills?				
			Do	o you use teaching progressions or lesson plans in all trampoline activities?			
			Do	Oo you restrict students from using the trampoline bed as a propelling device for lismounting to the ground?			
			Do	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?			
			Do	Do you have a trampoline equipment inspection, maintenance, and documentation program?			
			Are	are springs replaced according to manufacturers' specifications given age and/or wear onsideration?			
3.	lde	Identify the type and quantity of trampolines at your facility:					
				Quantity	Manufacturer	Year	
	Freestanding						
	Pit						
	Mini						
Double Mini							
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