Trampoline & Tumbling Adaptive Program
Competition Rule Modification Request

Athlete Name: ____________________________________  Team Name: ____________________________
Coach Name: _____________________________________  Email: ________________________________

Event:  TRA _______  TUM _______  DMT _______
Level:  TRA _______  TUM _______  DMT _______

The T&T Program recognizes athletes with physical limitations that do not allow them to perform routines in the typical way. Coaches may request modifications to the rules in each discipline to allow these athletes to participate with their age group in the level closest to the routines being performed. Please fill out a separate form for each event that you are requesting a modification on.

Physical Limitation: ________________________________________________________________

Adaptation Request: Please list the suggested rule modification(s) you are requesting for the above athlete in each discipline.

Rule Reference (from CoP) OR Prescribed Element:  Requested Modification
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Approved _______  Denied _______  Technical Chair ___________________________________________

All denied requests will receive an alternative modification suggestion from the Technical Committee.