



USA GYMNASTICS

2021 ELITE MOBILITY COMPETITION FORM

The following criteria must be met along with office approval, in order for the competition to be named an elite mobility competition:

1. Must provide equipment that meets FIG specifications. *note 2019 updated trampoline and double mini matting requirements
2. Must have a Time of Flight machine. If ToF machine malfunctions, how will you record ToF? _____
3. Must provide proof of judges panel along with signed judges contracts. All panels for Level 10 and Up must meet elite mobility competition requirements.
4. The Technical Chair must approve the panels.
5. Must have all disciplines included in the competition.
6. Requests must be submitted to the Program Manager a minimum of 30 days prior to the competition.
7. Must provide score display for coaches and judges.***
8. All judges panel requirements including raised podium for trampoline must be met.***
9. Results must be sent to the national office within 48 hours of the competition. Trampoline results must include the following:
 1. All E-judge scores
 2. The median E-score
 3. The median E-score x 2
 4. Horizontal Displacement score
 5. Time of Flight
 6. Degree of Difficulty
10. Applications will be approved in the order they are received.
11. Application should be returned with all confirmed judge contracts in order to be accepted.

*** New requirements

HOST CLUB INFORMATION

Meet Name _____

Club Name _____ USA Gym # _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Date Event to be Held _____

MEET DIRECTOR CONTACT INFORMATION (Must be a USA Gym Pro Member)

Name _____ USA Gym # _____

Phone _____ E-mail _____

EQUIPMENT

Provider: _____

Trampoline: _____

Double Mini: _____

Tumbling: _____

Meet Name: _____

Meet Dates: _____

[Click here for judges panel requirements.](#)

TRAMPOLINE JUDGES PANEL

Chair of the Panel/Difficulty Judge #2 _____

Execution Judge #1 _____

Execution Judge #2 _____

Execution Judge #3 _____

Difficulty Judge #1 _____

Time of Flight _____

Horizontal Displacement #1 _____

Horizontal Displacement #2 _____

Video (Video judge or CJP) _____

TUMBLING JUDGES PANEL

Chair of the Panel/Difficulty Judge #2 _____

Execution Judge #1 _____

Execution Judge #2 _____

Execution Judge #3 _____

Difficulty Judge #1 _____

DOUBLE MINI JUDGES PANEL

Chair of the Panel/Difficulty Judge #2 _____

Execution Judge #1 _____

Execution Judge #2 _____

Execution Judge #3 _____

Difficulty Judge #1 _____

TECHNICAL CHAIR

Approval _____

Denial _____

Date _____

PROGRAM MANAGER

Approval _____

Denial _____

Date _____

RETURN FORM TO scarlson@usagym.org



TRAMPOLINE & TUMBLING PROGRAM JUDGES CONTRACT

Date of offer: _____

Contract to cover the following meet:

Name: _____ Date: _____

Host Organization: _____

Meet Director: _____

Contact Email: _____ Phone: _____

Signatures on this agreement will confirm the Meet Director’s intention to utilize the services of the judge for the purposes of the meet detailed, and the judge’s commitment to judge the meet detailed.

The undersigned judge acknowledges that she/he is bound by USA Gymnastics bylaws and Rules & Policies. Breach of this contract by the undersigned judge may, in addition to other remedies, which may pertain, result in disciplinary action under such Constitution and/or Codes. The undersigned judge acknowledges that she/he has become familiar with such materials previous to execution of this contract.

If any unforeseen problems arise in fulfillment of this contract, the judge must IMMEDIATELY contact the Meet Director.

The terms and conditions of your engagement are governed by the Competition Agreement and the Organization conducting the competition.

The judge’s signature on this agreement will acknowledge that they have read, understand and agree to abide by those terms and conditions. Agreement not sent by the deadline date will necessitate a suitable replacement at no additional cost to the Meet Director whenever possible.

Acceptance of contract

Name: _____

Judge category: TR ____ TU ____ DM ____

Member Number: _____ Expiration: _____

Address: _____

Phone _____ Email: _____

Signature: _____ Date: _____

Current:

Background Check: Safety Certification: Safe Sport Certification: