JUDGING ACCREDITATION EXEMPTION ELIGIBILITY FORM

A candidate may begin testing at Level 9 if they are a former or present Regional/National Level 10 or Collegiate coach, or a Regional/National qualifier as a Senior Level 10 or Collegiate gymnast. Those qualified individuals may begin testing at Levels 4/5 and/or Level 9.

A candidate may begin testing at Level 10 if they are a former or present Elite Coach or Senior Elite gymnast who participated in a National Elite Classic or above competition. Those qualified individuals may begin testing at Levels 4/5 and/or 10.

This form must be completed and submitted to Connie Maloney, J.O. Technical Director, 130 E. Washington St., Indianapolis, IN 46204 or email to cmaloney@usagym.org prior to administration of the test.

APPLICATION INFORMATION

NAME (INCLUDE MAIDEN NAME) ___________________________________________ USAG MEMBERSHIP # _______________________

MAILING ADDRESS ________________________________________________________________________________________

CITY ___________________________ STATE ________ ZIP _______________________

DAYTIME PHONE _______________________ SOCIAL SECURITY # (REQUIRED) _______________________

BIRTH DATE (LEVEL 9-MINIMUM AGE 18, LEVEL 10-MINIMUM AGE 20) _______________________

EMAIL ________________________________________________________________________________________________

EXPERIENCE

HIGHEST LEVEL COMPETED/COACHED _________________________________________________

NAME OF CLUB OR INSTITUTION _________________________________________________________

LIST QUALIFYING COMPETITIONS IN WHICH YOU COMPETED/COACHED (INCLUDE DATES): ______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

This form must be signed by a current or past USA Gymnastics National, Regional, or State Officer or by a Collegiate Coach/Athletic Director

AUTHORIZATION

SIGNATURE ___________________________ DATE _______________________

PRINTED NAME ______________________ POSITION _______________________

Revised January 1, 2018