



Trainee Coach Program – Application Form

Name:	
Date of Birth:	
Email Address:	
Home Address:	
Mobile:	
School Year Level:	
Gym Level:	
Parent/Guardian Name:	
Parent/Guardian Email:	
Parent/Guardian Mobile:	

Availability:

Preferred day and time for observing hours:

Preference 1: _____

Preference 2: _____

Preference 3: _____

What is the earliest time you can get to WGC during the week: _____

What is the earliest time you can get to WGC on weekends: _____

What sporting experience have you had previously:

What do you love most about gymnastics (if applicable):



I am interested in becoming a gymnastics coach because:

Three qualities that would make me a good gymnastics coach:

1. _____
2. _____
3. _____

What experience do you have working with children or others (e.g. looking after, helping, teaching)?

How will you manage your school, social, family, and coaching commitments?

What are you most nervous about in regards to coaching?

I have received and understood WGC's Trainee Coach's Program Information Pack and accept my commitment to the program.

Applicants Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____