



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

Approved _____ Denied _____ Technical Chair _____

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