



NCCP T2T Experience Form Cross Country Skiing

NCCP CC #: _____ Last Name: _____

First Name: _____ Street: _____

City: _____ Prov.: _____

Postal Code: _____ Tel: _____ Email: _____

Date of Birth (d/m/y): _____

Male or Female
(check one)

English or French
(check one)

1. Complete one season of coaching experience (a minimum of 60 hours including preparation time; dryland and on-snow mixed) working with athletes at the T2T stage of development.

Beginning date: _____ Ending date: _____

Receive a satisfactory evaluation from your Club Head Coach who has gathered comments from skiers and parents involved with the program.

Signature of Club Head Coach: _____

2. Lead a safe, appropriately structured and organized roller ski practice session for athletes in the T2T stage of development and receive a satisfactory evaluation from your Club Head Coach.

Signature of Coach: _____

3. Demonstrate and explain ski striding technique, using a variety of intensities, to athletes in the T2T stage of development, and receive a satisfactory evaluation from your Club Head Coach.

Signature of Coach: _____

4. Assist a provincial/territorial team at a training camp that includes athletes in the T2T stage of development and receive a satisfactory evaluation from the camp Head Coach (P/TCE Assignment).

Date and location of camp: _____

Signature of camp Head Coach: _____

5. Lead your club team (with athletes in the T2T stage of development) at a nationally sanctioned (CPL) competition such as a Provincial/Territorial Cup race, and receive a satisfactory evaluation from your Club Head Coach.

Date and location of race: _____

Signature of Club Head Coach: _____

6. Provide appropriate waxing support for your club team (with T2T athletes) at a club or higher level race. Receive a satisfactory evaluation from your Club Head Coach.

Date and location of competition: _____

Signature of Club Head Coach: _____

Please sign the following statement and have it verified by a leader from your Club Head Coach.

I, _____ have completed the NCCP CCI-T2T experience requirements for cross-country skiing.

Date

Signature of Applicant

I verify that _____ has completed the NCCP CCI-T2T experience requirements for cross-country skiing.

Date

Signature of Club or Division Head Coach

Print Name of Club or Division Head Coach

Please forward to the Cross Country BC Office at programs@crosscountrybc.ca