



JumpStart Program

Club Level Testing Form



Athlete's Name: _____ State: _____

Date of Birth: _____ USAG #: _____

Age Group*: 7-8 9-10 11-12 (circle one) *Based on athlete's age December 31 of this year

Visit <http://www.usa-gymnastics.org/Story.aspx?tabid=787&prog=t> for complete testing criteria instructions.

Minimums needed to
Qualify to State Testing

Test Administrator (Coach)	Date	STRENGTH & FLEXIBILITY	Minimums needed to Qualify to State Testing		
			7-8	9-10	11-12
_____	_____	1 Pike Sit and Reach _____ inches (better of 2 attempts)	6" G 3" B	6" G 3" B	7" G 3" B
_____	_____	2 Pike Leg Lifts _____ successful repetitions in 20 seconds	3 G 2 B	4 G 3 B	5 G 4 B
_____	_____	3 Handstand Hold _____ seconds (maximum = 60)	35	40	45
_____	_____	4 Straight Body Hold _____ seconds (maximum = 60)	45	45	45
_____	_____	5 Shoulder Flexibility _____ inches	1"	1"	1"
_____	_____	6tu Vertical Jump _____ Percent (best of three attempts)	20%	21%	22%
_____	_____	6tr 10 Straight Bounces _____ Percent; bounce time/weight	25%	23%	17%
_____	_____	7 Split Test – left leg _____ inches	4" G 6" B	4" G 6" B	4" G 6" B
_____	_____	8 Split Test – right leg _____ inches	4" G 6" B	4" G 6" B	4" G 6" B
GENERAL FITNESS			7-8	9-10	11-12
_____	_____	9 Cricket Push-ups _____ successful repetitions in 20 seconds	8	10	11
_____	_____	10 Chin-ups _____ successful repetitions (maximum 20)	3	4	4
_____	_____	11 60 Foot Sprint _____ seconds (better of 2 attempts)	3.9	3.7	3.6
SKILLS FOR SPEED			7-8	9-10	11-12
_____	_____	12 Power Jumps _____ successful repetitions	15	15	15

Athletes must be proficient at all skill sequences and compulsory routines for their age group in order to qualify to the state level.

1. Please keep a copy of this form for your records, and
2. Send a copy with your State Testing registration form.