



NCAA Release of Information Form

Athlete Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Region: _____ Competition Level: _____ Birth Date: _____ Year in School: _____

Club Name: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Coach Name: _____

Phone: _____ Email: _____

Please print this form to add signatures.

Yes, I give USA Gymnastics and the 2011 JO Nationals Local Organizing Committee permission to release the athlete contact information on this form to NCAA gymnastics coaches for recruiting purposes only.

Gymnast's Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(required if gymnast is under age 18)

Printed Parent Name: _____

- * Please complete this form for every gymnast.
Information will not be released to the NCAA without a parent signature.

All Coaches
Give this completed form from each athlete to your Regional Chairman following your Regional Meet.

Regional Directors
NCAA forms should be included with all JO Nationals entries and mailed to:
Tim Klempnauer
91 Whippoorwill Lane
Aliso Viejo, CA 92656