



# Injury Petition Form

DATE \_\_\_\_\_

EVENT YOU ARE PETITIONING \_\_\_\_\_

DATE OF EVENT \_\_\_\_\_

DIRECTIONS: To be completed by gymnast and gymnast's coach. The complete form and a physician's note/report are to be sent to the following:

1. Petition to State and Regional Championships: Respective State and Regional Chair
2. Petition to National Championships and other qualifying meets:

USA Gymnastics  
 ATTN: Rhythmic Program Director  
 132 E. Washington Ave Suite700  
 Indianapolis, IN 46204

Name of Gymnast \_\_\_\_\_ Phone \_\_\_\_\_

Name of Club \_\_\_\_\_ Phone \_\_\_\_\_

Name of Coach \_\_\_\_\_ Coach's Home Phone \_\_\_\_\_

Type of Injury \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Coach's Signature

\_\_\_\_\_  
 Gymnast's Signature

\_\_\_\_\_  
 Parent or Legal Guardian's Signature

.....  
 To be completed by respective chairman

Petition has been    Approved \_\_\_\_\_ Rejected \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature