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 Suite 700
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 __________________________