



**Injury Petition Form**

Refer to the current Women's Rules & Policies for the Xcel and Development Program Petition Procedures, found under Specific Meet Information

**State** Championships send completed form to your State Administrative Committee Chairman

**Regional** Championships send completed form to your Regional Technical Committee Chairman (or other designated person).

- *Note Notify the RACC by the Monday following the State Meet of any athletes who intend to petition to Regionals.*

If this form is incomplete, it may NOT be accepted. It is the responsibility of the coach to provide all necessary information.

\*Deadline – 3 days following the last qualifying meet\*

Meet petitioning to \_\_\_\_\_

Gymnast's Name \_\_\_\_\_ USA Gym Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Level \_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Cell Phone # \_\_\_\_\_

Coach's USA Gym Number \_\_\_\_\_ Coach's E-mail \_\_\_\_\_

Gym Name \_\_\_\_\_ Gym Phone \_\_\_\_\_

Gym Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**1. Photocopy Results of a minimum of one Sanctioned Meet:**

Meet \_\_\_\_\_ Date of Competition \_\_\_\_\_

Scores – Vault \_\_\_\_\_ Bars \_\_\_\_\_ Beam \_\_\_\_\_ Floor \_\_\_\_\_ AA \_\_\_\_\_

**2. Licensed Medical Professional's written verification of illness or injury and release to return to gymnastics activity. Please specify the DATE of return to gymnastics activity.**