



Injury Petition Form

DATE

EVENT YOU ARE PETITIONING

DATE OF EVENT

DIRECTIONS: To be completed by gymnast and gymnast's coach. The complete form, a physician's report and photocopy proof of one equal to or greater than qualifying score for this respective season are to be sent to the following:

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

USA Gymnastics
 ATTN: Rhythmic Program Director
 201 S. Capitol Ave., # 300
 Indianapolis, IN 46225

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