



**Injury Petition Form**  
**Deadline - 3 days following the last qualifying meet**

**For State Championships: send form to your State Administrative Committee Chairman**  
**For Regional Championships: send 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.*

**Refer to Chapter Two, Section I, page 16: General Procedures for Petitions for USA Gymnastics Jr. Olympic Competitions in the current *Women's Rules & Policies* and for Meet Specific information, refer to:**

**For State Meets: pages 18-19; For Regional meets: pages 19-20; For JO-NIT: page 26.**

\*\* If this form is not completed correctly, it may not be accepted. It is the responsibility of the coach to provide all necessary information

Meet Petitioning To: \_\_\_\_\_

Gymnast's Name: \_\_\_\_\_ USAG # \_\_\_\_\_

Birth date: \_\_\_\_\_ Age and Level \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

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

Meet: \_\_\_\_\_ Date \_\_\_\_\_

Scores: Vault: \_\_\_\_\_ Bars: \_\_\_\_\_ Beam: \_\_\_\_\_ Floor: \_\_\_\_\_

All Around Score: \_\_\_\_\_

**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.**