

INJURY/ILLNESS PETITION

Gymnast Name: _____

Gym: _____ Gym Email: _____

Coach's Name: _____ Coach's Email: _____

Date of injury/illness: _____

Nature of Injury/Illness: _____

Reason for Petition (i.e. state entry / exception from minimum meet rule etc.) _____

Meets athlete has competed in:

Meet: _____ Date: _____ Score: _____

Meet: _____ Date: _____ Score: _____

Meet: _____ Date: _____ Score: _____

Physician name: _____ . Phone: _____

Physician's Release Date: _____

Print this form – attach a copy of the physician's release – email to taafgymnastics@gmail.com

For Commissioner only:

Petition was approved _____ Petition was denied: _____. Reason for denial: _____

Commissioner Signature: _____ Date: _____