



### Injury Petition Form

Refer to the current Rhythmic Rules & Policies for Petition Procedures.

1. Petition to State and Regional Championships: Respective Regional Chair
2. Petition to National Championships and other qualifying meets  
USA Gymnastics  
ATTN: Vice President of Rhythmic Programming  
1099 North Meridian Street  
Indianapolis, IN 46204

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

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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 \_\_\_\_\_

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.