



### National Team Event Absence Request

Date of Event: \_\_\_\_\_

National Team Event requesting to miss: \_\_\_\_\_

- National Team events may include any camp, competition or international assignment to represent the US National Team

Athlete Name: \_\_\_\_\_ Email: \_\_\_\_\_

Club Name: \_\_\_\_\_ Coach Name: \_\_\_\_\_

Coach Email: \_\_\_\_\_ Coach phone: \_\_\_\_\_

Are you actively training at an Elite level?  yes  no

Reason for Absence:

- Illness – Attach a Doctor’s note (MD or DO)
- Injury - Attach a Doctor’s note (MD or DO) with injury, rehab and return to play timeline

Are you working with a USA Gymnastics medical provider?  yes  no

If yes, which USA Gymnastics medical provider? \_\_\_\_\_

If no, please provide the name and contact information of your medical provider:

\_\_\_\_\_

- Extenuating Circumstance – Please explain below (use additional pages as needed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if athlete is a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied