

Injury Petition
Section V Gymnastics

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

Petitioning to: County competition Section V competition
 Intersectional competition

Date: _____

Gymnast Name _____ School _____

Coach's name: _____ Phone _____

Coach's email: _____

Athletic Director's name: _____ Phone: _____

Email: _____ FAX: _____

Reason for injury petition (check event V UB BB FX):

***Attach copy of the medical physician's statement regarding injury

Date of expected return to activity _____

Medical release for resuming gymnastics Date: _____

School medical release for resuming gymnastics Date: _____

Accepted Rejected