



MEDICAL EXEMPTION

Gymnast: _____

Level: _____

Club: _____

Province: _____

REQUEST EXEMPTION FOR:

ELITE CANADA

Date: _____

EASTERN REGIONAL CHAMPIONSHIPS

Date: _____

WESTERN REGIONAL CHAMPIONSHIPS

Date: _____

CANADIAN CHAMPIONSHIPS

Date: _____

Injury

Prior to Competition:

Petition submission date:

During Competition:

Petition submission date:

Attached is a typed medical certificate from a qualified Medical Doctor that includes the following:

- date & detailed nature of the injury (typed document by physician, not by therapist)
- ability to pursue full training and to compete, as recommended by the physician or medical specialist
- recovery/rehabilitation measures
- recommendation(s) regarding pursuing training and ability to train and/or compete in the next month
- expected date for return to partial (specify) and complete training

Signatures

ATHLETE: _____

DATE/PLACE: _____

PARENT/GUARDIAN: _____

DATE/PLACE: _____

COACH: _____

DATE/PLACE: _____





P: 613.748.5637 | F: 613.748.5691 | E: info@gymcan.org
120-1900 Promenade City Park Drive, Ottawa, ON K1J 1A3

WWW.GYMCAN.ORG