**TRAMPOLINE PROGRAM:**

**PETITION FOR MEDICAL EXEMPTION NATIONAL TEAM MEMBERS**

Athlete Name:

Club Name:

**REQUEST EXEMPTION FOR**

|  |  |
| --- | --- |
| [ ]  Canada Cup | Date:       |
| [ ]  Canadian Championships | Date:       |
| [ ]  Other | Date:       |

**INJURY OCCURED**

|  |  |
| --- | --- |
| [ ]  Prior to Competition | Petition Submission Date:       |
| [ ]  During Competition | Petition Submission Date:       |

I verify that attached is a medical certificate from a qualified medical doctor that includes the following:

* details nature of the injury;
* ability to pursue full training and to compete, as recommended by the physician or medical specialist;
* recovery and/or rehabilitation measures;
* expected date for return to partial and complete training.

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| Athlete: |        | Date:       |
| Parent/Guardian (if under 18 years of age): |       | Date:       |
| Coach: |       | Date:       |