

Athlete "Fit to Compete" Form

Instructions:

- If an athlete's petition was granted due to Medical exception (Injury, illness or other medical circumstance) this form must be completed prior to their return to competition.
- This form must be completed and signed by a medical practitioner.
- Fit to Compete waivers must be received by the Program Managers a minimum of seven (7) days prior to the date of the petitioned competition. Waivers received after this due date will result in the gymnast's name being withdrawn from the competition.

Athlete Information:

Athlete Name (First and Last Name):		Age of Athlete:	
Parent/Guardian Name:		Level & Age Category:	

Club Information:

Club:		Head Coach:	
Name of Club Contact <i>(If Different from Head Coach)</i> :			
Phone:		Email:	

Medical Information:

Date of Injury/Illness/Other Medical Circumstances:			
Nature of Injury/Illness/Other Medical Circumstances:			
Medical Practitioner Name:		Medical Practitioner Office Phone:	
Medical Practitioner Office Address:			
Is the Competitor fit to resume competition	Please Circle		
	YES or NO		
<i>If competitor is still NOT fit for competition please give a brief outline/summary of reason why competitor is still considered unfit:</i>			
<i>If competitor is fit for competition please list any circumstances/limitations under which athlete can return to training and competition:</i>			

I hereby declare that the above information is true and correct

Medical Practitioner Name (Please Print)

Parent/Guardian Name (Please Print)

Medical Practitioner Signature

Parent/Guardian Signature

For Office Use Only

Date Received: _____
Competition Entered: _____

Fit to Compete Form Complete: YES NO
Program Manager Signature: _____