

Region 8 Petition Form for Level 9/10 and Sapphire Regionals

Petitions accepted as soon as you know your athlete will not be able to compete at State Meet.

Deadline **receipt** by **MONDAY** following your state meet but **accepted early**.

If this form is incomplete, it may NOT be accepted. It is the responsibility of the coach to provide all necessary information.

I.

Level of Regionals petitioning to:

Gymnast's Name: USAG #: Birth Date:

Gym Name: USAG Club #:

Address: City: State: Zip:

E-mail: Phone: Contact person:

Did athlete compete in 2024 state meet?

How many events were competed?

II.

1. Attached a Licensed medical Professional's written verification of nature of illness or injury and release to return to gymnastics training. **DEADLINE Wednesday after State Meet.**
2. Petitioned Gymnast must be entered online. Payment will not be processed until petition is approved. **DEADLINE Monday after State Meet.**
3. Please list the scores from one sanctioned meet from the 2024 season that the AA score is 36.00 or greater for Level 9 & 10 and 35.00 for Sapphire
To petition as an IES the petition score must be 0.25 higher than the regional qualifying score of 9.5 (so 9.75) for Level 9 and 9.25 (so 9.50) for Level 10. Attach a PDF of results of a minimum of 1 sanctioned meet. (Scores from 2023 Regionals, Easterns, or Nationals may be used to satisfy this criteria if athlete is same level as last year. Current video must be submitted with petition.) **DEADLINE Monday after State Meet.**

Vault:

Contact person:

Bars:

Check preferred method of contact

Beam:

Phone #

Floor:

E-mail:

AA:

III.

Injury during last event form: (This is only an option if athlete is injured on 4th event at state meet)

Indicate scores for all 4 events at State Championships. Check box on event injury occurred

Vault

Bars

Beam

Floor

Total of first 3 events

Region 8 Petition Score = 36.00 75% of 36.00 = 27.00

Verify, by signing below, that the gymnast was injured during her last event at the State Championship and COULD NOT finish the routine.

Coach (Print Name)

(Signature)

Chief Judge (Print Name)

(Signature)

Meet Referee (Print Name)

(Signature)

Medical Staff (Print Name)

(Signature)

Description of Injury:

Email completed Petition form to:
Evelyn Chandler
Region 8 Technical Chairman
evelynr8tc@aol.com

Email completed Petition form to:
Michelle Pomerantz
Region 8 Administrative Chairman
Region8gym@gmail.com

Contact person will be notified by April 1st 2024
If petition is sent by email, please have athletes name as a part of all subject/file names.
All attachments must be pdf. No photos.