



**COMPETITIVE TEAM GYMNAST MEDICAL CREDIT FORM**

This is to verify that \_\_\_\_\_

has been withheld from gymnastics      PRACTICE      COMPETITION

By Dr. \_\_\_\_\_

Beginning date \_\_\_\_\_ through \_\_\_\_\_

Notes regarding injury/care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment or credit in the amount of \$\_\_\_\_\_ will be applied to your family account  
for extended medical leave for dates of \_\_\_\_\_

*Account notes* \_\_\_\_\_

Parent/Guardian  
signature \_\_\_\_\_ date \_\_\_\_\_

Gymnastics World rep.  
signature \_\_\_\_\_ date \_\_\_\_\_