

**MEDICAL PETITION FORM**  
**Women's Program**

The coaches of athletes petitioning for Medical reasons must inform the AGF Women's Program Coordinator in writing of the "intent to petition". This form and all required documents must then be submitted to AGF no later than 5 working days after the completion of the selection meet.

DATE: \_\_\_\_\_ VIA: \_\_\_\_\_

NAME OF ATHLETE: \_\_\_\_\_

CLUB: \_\_\_\_\_

COACH: \_\_\_\_\_

PETITIONED EVENT: \_\_\_\_\_

DATE OF PETITIONED EVENT: \_\_\_\_\_

REASON FOR PETITION:

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

\_\_\_\_\_  
**Signature of Coach**

**\*This form must be accompanied by:**

- a Medical Doctor certificate
- a record of recent results
- applicable registration fee
- video of recent results (if desired)

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