

DISPENSATION FORM - APPLICATION TO TEST FOR 2009/2010 SQUADS

PERSONAL INFO (Please Print ALL details)

GYMNASTS NAME: _____

GYMNAST'S CLUB: _____

COMPETITION LEVEL: _____

DATE OF BIRTH: _____

REASON FOR SEEKING DISPENSATION (Please write fully all reasons why you believe this gymnast should be considered, including relevant results and supporting material)

COACH'S NAME: _____

COACH'S EMAIL: _____

COACH'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

Please note:

Completion of this form is not automatic entry to testing. Gymnasts will be assessed by the WAG Coach SubCommittee on a case-by-case basis.

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