

**Roswell Gymnastics Boys' Team  
Meet(s) Scratch or Non-Participation Request**

\_\_\_\_\_  
**Gymnast Name**

\_\_\_\_\_  
**Competition Level**

**By completing this form, you are authorizing Roswell Gymnastics Boys' Team and the City of Roswell coaching staff to scratch your gymnast from the following meet(s):**

<u>Meet(s) Description</u>	<u>Meet Date(s)</u>	<u>Reason (Injury, Conflict, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent's Name  
(please print)** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Team Supervisor's  
Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

