



Artistic Gymnastics

Gymnast's withdrawal - Replacement form



For submission deadlines, please refer to FIG Technical Regulations.

NOC		Full name, contact, person: mr/mrs Phone: E-mail:
Discipline	MAG <input type="checkbox"/>	WAG <input type="checkbox"/>
CONFIRMATION OF WITHDRAWAL		
Gymnasts are assumed to take their place in the competition unless they withdraw their place using this form		
Gymnast's name		
Licence #		Bib #
Competition	CI <input type="checkbox"/> CII <input type="checkbox"/>	Subdivision
	CIII <input type="checkbox"/> CIV <input type="checkbox"/>	Apparatus
Date submitted		Time submitted
Signatures	NOC representative	CM representative

NOTICE OF REPLACEMENT (IF ANY)		
Gymnast's name		
Licence #		Bib #
Competition	CI <input type="checkbox"/> CII <input type="checkbox"/>	Subdivision
	CIII <input type="checkbox"/> CIV <input type="checkbox"/>	Apparatus
Date submitted		Time submitted
Signatures	NOC representative	CM representative
		Official FIG or CM medical doctor
Medical certificate attached For gymnasts' substitution 24 hours prior beginning of each phase of the competition	YES <input type="checkbox"/>	NO <input type="checkbox"/>