Special Olympics New Jersey

FORM D GYMNASTICS

For Office Use Only
Date Rec'd: ____ / ____ / ____

Summer Sports Season

INDIVIDUAL ATHLETE ENTRY FORM

Area: [ ] Name of LTP: [ ]

Athlete: [ ] (Last Name) (First Name) Sex: ❑ Female ❑ Male

Birthdate: [ ] MONTH DAY YEAR Age: [ ]

Athlete's Medical Expiration Date: [ ] MONTH DAY YEAR (Attach Valid Medical Form) Coach Daytime Phone :

Coach Name: [ ] [ ]

VALID MEDICAL FORM MUST BE ATTACHED TO THIS FORM

Medication Name	Type & Dosage	Frequency
1.		
2.		
3.		

INSTRUCTIONS: Place an X in the box(es) of the event(s) athlete is entering. Enter score if necessary. Check level if necesssary.

ARTISTIC GYMNASTICS

Is the athlete competing in the Artistic All-Around?

❑ Yes Athlete must compete all events in a single level.

❑ No Athlete may enter events in one or two consecutive levels. Each event may only be entered once.

Levels A, 1, 2 and 3 compete only Compulsory routine for each event.

Men's Events	Level 1	Level 2	Level 3	Level 4
Floor Exercise				
Pommel Horse				
Rings				
Vaulting				
Parallel Bars				
Horizontal Bar				

Women's Events	Level 1	Level 2	Level 3	Level 4
Vaulting				
Uneven Parallel Bars				
Balance Beam				
Floor Exercise				

LEVEL A

❑ **Floor Exercise** ❑ **Vaulting** ❑ **Balance Beam** ❑ **Tumbling**

RHYTHMIC GYMNASTICS

Levels A, 1, 2 and 3 compete only Compulsory routine for each event.
Level 4 competes only Optional routine for each event.
Athletes must compete on the same level in all chosen individual events.

Events	Level A	Level 1	Level 2	Level 3	Level 4
Floor Exercise					
Rope					
Hoop					
Ball					
Ribbon					
Club					

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