



NCAA Release of Information Form

Athlete Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Region: _____ Competition Level: _____ Age Group: _____ Birth Date: _____ Year in School: _____

Club Name: _____

Club Address: _____

City: _____ State: _____ Zip: _____

Coach Name: _____

Phone: _____ Email: _____

Yes, I give USA Gymnastics and the 2013 JO Nationals Local Organizing Committee permission to release the athlete contact information on this form to NCAA gymnastics coaches for recruiting purposes only.

Gymnast's Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(required if gymnast is under age 18)

Printed Parent Name: _____

* Please complete this form for every gymnast.
Information will not be released to the NCAA without a parent signature.

All Coaches	Regional Directors
Give this completed form from each athlete to your Regional Chairman following your Regional Meet.	NCAA forms should be included with all JO Nationals entries and mailed to: Metro Gymnastics Attn: David Klein, JO Nationals 18084 SW Lower Boones Ferry Rd. Tigard, OR 97224