VE GOAL FORM

For our VE Parents:

Please take a few minutes to complete this form. We want to make sure your gymnast accomplishes all her goals.

Parent's Name: _____

Last Level Competed: _____

Gymnast's Name: _____

E-mail: _____

What are 3 goals that you want your daughter to accomplish in gymnastics (long term)?

_____

_____

_____

What are your (parent) goals for the 2024-2025 Competition Season (short term)?

_____

_____

_____

What is your level of commitment to make sure she accomplished those goals?

What are your expectations us (the coaches) to make sure those goals become a reality?

How will you support your gymnast to make sure she accomplishes those goals?

Parent signature:

Thank you for completing this form. We want to make sure we help your gymnast in every single thing we can and she can become the best version of herself.

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