

COVID Year Modifications 2020-2021
NHSGA All American Varsity Teams

To nominate a team for All American honors, follow these procedures:

- A. **The coach must be a current member of the NHSGA.**
- B. The **Varsity Team Score** is based on the accumulation of **four** raw scores on each event.
- C. These scores are to be an average of **three (3)** competitions, one of which **should** be in a championship competition (state/league) or meet with 4 or more teams (**if your state allowed these**).
- D. The score sheets must clearly show the competition involved and must be signed by the head judge, coach and athletic director. (Elite level only)
- E. The use of the All-American Averaging Scoring form must be used.
- F. A typed or printed list of the team members' names, the name of your principal and your schools address, must be submitted.
- G. Fess: A \$5.00 application fee plus \$2.00 per certificate is required covering team members, coaching staff, managers and any other special individuals like your trainer or athletic director. ☺
- H. Non-returnable score sheets or copies of the original score sheets must be postmarked by **JUNE 1st** (of gymnastics year) to be accepted. Mail the Women's Team nomination to

Pat Simon
105 Wilcox Road
Milford, CT 06460

Qualifying Scores: Women's Scores
 Standard/Elite
 130.00/ 145.65

Honorable Mention: If your Varsity women's team averaged between **126.00-129.99** your team is eligible for 2 honorable mention certificates (one for the coach and one for the school). A fee of \$10.00 is required. Send your requests to: **Pat Simon 105 Wilcox Road Milford, CT 06460** **LATE FEE OF \$10 PER TEAM IS REQUIRED IF APPLICATION IS RECEIVED AFTER JUNE 1. NO APPLICATIONS ACCEPTED AFTER JULY 1ST.**
Late fee checks payable to: NHSGA

Please limit your scores to two decimal places only, round up.

**Applications must
be postmarked by
JUNE 1**

Revised
4/1/2021

COVID Year Modifications 2020-2021

NHSGA All American Individual Gymnasts (Varsity Only)

To nominate a Varsity gymnast for All American honors please observe the following procedures:

- A. The coach must be a member of the NHSGA**
- B. The qualifying score must be an average based upon three (3) competitions, one (1) of which should be from a multi(4+)-team competition and/or a championship/state/league (if no multi competitions were allowed this requirement will be waived).**
- C. For **Elite** gymnasts the non-returnable score sheets or copies of the original must clearly indicate:
 1. The gymnast's full name.
 2. The scores awarded.
 3. The signature of the head judge, coach and your athletic director.
- D. The use of All American Averaging Scoring Form for each nominated gymnast **MUST** be used and contain the following
 1. The age of the gymnast.
 2. The class in school of the gymnast.
 3. The All American average you computed with the meet sites and dates.
 4. What college the gymnast plans to attend after graduation. (if known for seniors only)
- E. Fees: A \$5.00 application fee plus \$1 per event that must be included. Check payable to NHSGA.☺
- F. The non-returnable scores sheets or copies of the original score sheets must be **post marked prior to JUNE 1st**. Mail Women's All American Gymnast Nominations to **Pat Simon 105 Wilcox Road Milford, CT 06460**

Qualifying scores: Women's Scores

	Standard/Elite
All Around	8.4(33.6)/9.3(37.2)
Vaulting	8.70/9.40
Uneven Bars	8.50/9.40
Balance Beam	8.50/9.35
Floor Exercise	8.80/9.5

If your gymnast/team qualifies for the elite status, please send us an action photo of her. We are trying to bring the Yearbook back with photos. THANKS!

Honorable Mention: Even if your team did have an All-American individual, a coach can request honorable mention status for one or two of their most deserving gymnasts. No scores need to be submitted. Your recommendation only is needed. A fee of \$10.00 is required for either one or two certificates (no duplicates will be sent). Send requests to **Pat Simon 105 Wilcox Road Milford, CT 06460** **LATE FEE OF \$10 PER TEAM IS REQUIRED IF APPLICATION IS RECEIVED AFTER JUNE 1. NO APPLICATIONS ACCEPTED AFTER JULY 1ST.**

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NHSGA All American Varsity Teams

Average 3 competition/4 gymnast per event scores 20-21 ONLY

AVERAGING SCORE FORM

Name of High School _____

Address _____

City, ST, Zip _____

Head Coach's Name _____

Assistant Coach's Name _____

Principal's Name _____

E-mail Address _____ Please write neatly

Note: The copies of the score sheets submitted must be signed by the Head Judge, the Coach and the Athletic Director to be considered valid.

Only two decimal places please, round up after that.

AVERAGE SCORES EQUALS: _____

	Meet #1	Meet #2	Meet #3
Opponent & Date of Meet	_____	_____	_____
Meet Score	_____	_____	_____

Comments and additional information: _____

Please include a list of certificate winners. **LATE FEE OF \$10 PER TEAM IS REQUIRED IF APPLICATION IS RECEIVED AFTER JUNE 1. NO APPLICATIONS ACCEPTED AFTER JULY 1ST.**

**Send Women's to:
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105 Wilcox Road
Milford, CT 06460

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4/1/2021

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NHSGA All American Women
ALL AMERICAN AVERAGING SCORE FORM

Gymnasts Name: _____

Year in School: 9 10 11 12 Date of Birth: _____

Name of High School _____

Address, City, State, Zip _____

Head Coach's Name _____ Preferred Phone Number: _____

E-mail Address: _____

NSHGA Member Circle One Yes No
(If NO: A membership form MUST accompany this form)

E-mail: _____ Please write legibly

If your gymnast/team qualifies for the elite status, please send us an action photo of her. We are trying to bring the Yearbook back with photos. THANKS!

NOTE: To be considered for ELITE ALL AMERICAN, copies of score sheets must be submitted and must be signed by the Head Judge, the Coach and the Athletic Director to be considered valid.

Only two decimal places please, round up after that.

Event	Date and Score #1	Date and Score #2	Date and Score #3	Average 2 decimal places only	Standard or Elite-circle one
Vaulting 8.70/ 9.40					Standard or Elite
Uneven Bars 8.50/ 9.40					Standard or Elite
Balance Beam 8.50/ 9.35					Standard or Elite
Floor Exercise 8.80/ 9.50					Standard or Elite
All Around 8.4(33.6) 9.3(37.2)					Standard or Elite

Send Form and Check to:

to **Pat Simon 105 Wilcox Road Milford, CT 06460**

Make late fee checks payable to NHSGA **LATE FEE OF \$10 PER TEAM IS REQUIRED IF APPLICATION IS RECEIVED AFTER JUNE 1. NO APPLICATIONS ACCEPTED AFTER JULY 1ST.**

Applications must be postmarked by **JUNE 1**

Revised
4/1/2021