



BERMUDA GYMNASTICS ASSOCIATION  
INTERNATIONAL GYMNASTICS CHALLENGE  
National Training Center  
St. David's, Bermuda

Meet Email: [igcbermuda@gmail.com](mailto:igcbermuda@gmail.com)

Meet Date: November 11, 12, 13, 2016

Early Registration due by August 18th

Entry Form + Payment due by September 10, 2016

Medical refunds only after September 10th, 2016

USAG ATHLETES REGISTRATION FORM

Name of Club / School:	Country:
Address:	
Email:	Tel. number:
Contact(s):	

Registration fee per athlete: US\$125.00. Contact [IGC2016@BERMUDAGYMNASTICS.BM](mailto:IGC2016@BERMUDAGYMNASTICS.BM) for payment info.

\*All teams must provide documentation via the club director or executive board that all coaches attending have up to date vulnerable persons police clearance

No.	Athlete's Last Name	Athlete's First name	Gender	Date of Birth (dd/mm/yyyy)	USAG Level	Shoe Size
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Bermuda Gymnastics Association  
Registered Charity #296  
P O. Box FL 293, FLATTS, FL BX - BERMUDA - (441)-295-0589  
Email: [bdagymnastics@northrock.bm](mailto:bdagymnastics@northrock.bm)  
[www.bermudagymnastics.com](http://www.bermudagymnastics.com)



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**EMERGENCY MEDICAL TREATMENT**

The Directors, Assistants or assigned chaperons of this event will act as guardians/spokespersons in the event that emergency treatment/hospitalization (including anaesthesia) is necessary for any competitor en route to or from or at the site of the above event or hospital or other medical facility. Should a health emergency arise, notification to parents or guardians will be attempted, but that if they cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel will be authorized by the Directors of this event. Individual competitors or their assigned parent, guardian or representative will be responsible for their own medical expenses.



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