

# USAIGC GYMNAST REGISTRATION FORM

United States Association of Independent Gymnastics Clubs Inc

450 North Ends Avenue – 20F - New York, New York 10282

Phone 212-227-9792, Fax 212-227-9793

[WWW.USAIGC.COM](http://WWW.USAIGC.COM)

## 2011-12 GYMNAST MEMBERSHIP INFORMATION

NEW MEMBER \_\_\_\_\_ RENEWAL \_\_\_\_\_ if renewal include IGC# \_\_\_\_\_

### Discipline

Artistic Gymnastics: Women \_\_\_\_\_ Rhythmic Gymnastics \_\_\_\_\_

### USAIGC Competition Level

COPPER \_\_\_ BRONZE \_\_\_ SILVER \_\_\_ GOLD \_\_\_ PLATINUM \_\_\_ PREMIER \_\_\_

### ATHLETE INFORMATION

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

### Current School Grade

Not in HS \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

### Primary Medical Insurance Carrier

\_\_\_\_\_

### USAIGC CLUB INFORMATION

Club Name \_\_\_\_\_

Club Membership Number IGC \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Club E-Mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner \_\_\_\_\_

**ATHLETE REGISTRATION FEE \$30.00 per gymnast**

This form is for registering a single gymnast. Membership fees are non-refundable and non-transferable.

**Payment by Mail:** USAIGC, 450 North End Ave. 20F, N.Y., N.Y. 10282

**Payment by Fax with Credit Card Information:** 212-227-9793

Payment Type: Visa \_\_\_\_\_ MC \_\_\_\_\_ AX \_\_\_\_\_ no other cards accepted

Name on Card (Print) \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Province \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Signature \_\_\_\_\_

**USAIGC Insurance:**

Excess Primary Participant Medical. \$250.00 deductible. Catastrophic Medical / Accident \$1,000,000.00 per claim. Maximum Excess of Primary \$25,000.00. An injury must occur during a USAIGC sanctioned event. The gymnast's club must be a member in good standing. A USAIGC Accident Report & (Insurance Participant Accident Report) must be filled out by the Coach, Trainer, or other attendant immediately following an injury, which prevents the gymnast from full activity for 24 hours or more, regardless of whether immediate medical attention is given. The gymnast or parent must have fully executed Athlete Registration Form on file with the USAIGC National Office.

**Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death as well as other damages and losses associated with participation in a gymnastics event. I further agree that USAIGC, the Host Organization, and sponsor(s) of any USAIGC sanctioned event, along with the employees, agents, officers and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.

**Parent / Guardian Authorization** –As legal parent or guardian of the above named athlete. I hereby verify by submitting this application, that I fully understand and accept each of the conditions listed in the above Athlete Membership Agreement permitting my child to participate in any USAIGC sanctioned event.

\_\_\_\_\_ I have read the above and understand the terms of the USAIGC insurance policy

**Parent / Guardian Signature**

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