

USAIGC ATHLETE 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

ATHLETE MEMBERSHIP INFORMATION

NEW MEMBER _____ RENEWAL _____ if renewal athlete IGC# _____

Discipline

Artistic Gymnastics: Women _____ Rhythmic Gymnastics _____

Cheerleading _____ Artistic Gymnastics Men _____

USAIGC Competition Level

COPPER _____ BRONZE _____ SILVER _____ GOLD _____ PLATINUM _____ PREMIER _____

ATHLETE INFORMATION

First Name _____ MI _____

Last Name _____

Address _____

City _____ State / Province _____ Zip _____

Country _____ Parent E-Mail _____

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 / Province _____ State _____ Zip _____

Country _____ E-Mail _____

Phone _____ Owner _____

ATHLETE REGISTRATION FEE \$25.00 per gymnast on-line \$30.00 fax or mail-in

This form is for registering a single athlete. 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 _____

City _____ State / Province _____ Zip _____

Exp. Date _____ 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. USAIGC Accident Report & Insurance Participate Accident Report must be filled out and filed by the Coach, Trainer, or other attendant immediately following injury, which prevents the gymnast from full activity for 24 hours or more, regardless of whether immediate medical attention is given. The gymnast's club must be a member in good standing. 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
