



National Judges Cup - Level 7 All Star State  
 Challenge Gymnast Registration Form  
 January 10-12, 2020  
 Santa Clara Convention Center - Santa Clara, CA

**Gymnast Information**

The gymnast must be currently registered as a Level 7 in USAG

*Please enter athlete's name as it would appear on an airline ticket.*

				MM	DD	YYYY	
First Name	Middle Name	Last Name	USAG Number	Birth Date		Age	As of 1-5-18
Address		City	State	Zip Code			
Phone		Email					
Gym Name		Coach(es)					
<input type="checkbox"/> C3/4 <input type="checkbox"/> C4/5 <input type="checkbox"/> C5/6 <input type="checkbox"/> C6/7 <input type="checkbox"/> C7/8 <input type="checkbox"/> C8/9 <input type="checkbox"/> C9/10 <input type="checkbox"/> C10/11 <input type="checkbox"/> C11/12 <input type="checkbox"/> AXS <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		<input type="checkbox"/> CXS <input type="checkbox"/> CS <input type="checkbox"/> CM <input type="checkbox"/> CL <input type="checkbox"/> AXS <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL		<input type="checkbox"/> CS <input type="checkbox"/> CM <input type="checkbox"/> CL <input type="checkbox"/> AXS <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL			
Leotard Size (Select One)		T-Shirt Size (Select One)		Pant Size (Select One)			

**Medical Information & Releases**

In Case of Emergency:

Name	Relationship	Phone
Name	Relationship	Phone
Please detail any current medical conditions or allergies:		

**Medical Insurance Information**

Company	Policy Number	Group Number	Phone	Physician Name	Physician Phone

**In case of emergency**, and I cannot be reached, I hereby give permission to the physician selected by my child's coach or chaperone to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Parent/Guardian Signature	Printed Name	Relationship	Date

**Liability Waiver: I assume all risks and hazards incidental to this event on behalf of my child and/or myself. I do further release, absolve,** indemnify and hold harmless the event sponsors, chaperones, judges, volunteers, equipment suppliers, their agents, representatives or assigns, for any injury to my child or me, attributable to the absence of ordinary or even slight care by the event organizers, equipment suppliers, facility owners, or conduct of this event. Finally, I agree to the use of my or my child's image/likeness in any materials including, but not limited to, those in print, publication, broadcast, and/or on the internet resulting from participation in this event. The signature below attests to this.

Parent/Guardian Signature	Printed Name	Relationship	Date