

# International Gymnastics Camp 2010 Coach Registration Form



**\*\*Must send copy of Driver's License or other valid government issued Photo Identification\*\***

## Coach Details

Name (Last, First, Middle) \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Previous Years Attended \_\_\_\_\_  
Name of Gym/Club \_\_\_\_\_ Owner \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Vehicle Color (if you drove) \_\_\_\_\_ License Plate Number \_\_\_\_\_  
Make/Model \_\_\_\_\_ **VISITING COACHES MUST BE AT LEAST 18 YEARS OLD!**

**9 Great Summer Sessions** Please circle the session(s) that you wish to attend.

- |                          |                        |                            |
|--------------------------|------------------------|----------------------------|
| (1). June 20 – June 26   | (2). June 27 – July 3  | (3). July 4 – July 10      |
| (4). July 11 – July 17   | (5). July 18 – July 24 | (6). July 25 – July 31     |
| (7). August 1 – August 7 | (8). NATIONAL CONGRESS | (9). August 15 – August 21 |
- (NO PROGRAM WEEK 8)

## 2010 Pricing

Visiting Coaches sessions are \$500.00 per session. For every ten campers that register from the same gym, one coach is welcome to attend free of charge for one session.

## Gymnasts Attending

It is very important that we have an accurate number of the gymnasts who will be attending from your gym to determine the cost of your registration as well as the qualification of your team for team T-shirts, pictures, etc. Please indicate below the number of gymnasts you are expecting to attend and also attach a list of their names so that we can verify their enrollment.

Less than 10       10 – 14 Gymnasts       15 + Gymnasts       Unknown at this time

## Additional Information

**REGISTRATION POLICY:** Registration is on a first come, first serve basis. IGC reserves the right to refuse an application and/or dismiss, without refund, a coach at any time for reasons which in its sole discretion are in the best interest of the camp.

**MEDICAL INSURANCE:** All coaches must be covered by their own medical insurance policy.

**FINANCIAL TERMS:** A deposit of \$250.00 per session is required to reserve your chosen session(s). The balance is then due May 1<sup>st</sup>.

**REFUND POLICY:** Prior to April 1<sup>st</sup>, deposit less \$150.00 processing charge is refundable with a written and signed notification of cancellation. After April 1<sup>st</sup> deposits are non-refundable. This also applies to registrations received after April 1<sup>st</sup>. After April 1<sup>st</sup>, with written and signed notice, camp fee, less \$250.00 deposit per session enrolled, will be returned to a coach who must withdraw up to 21 days prior to their camp session. There is no refund if cancellation is within 21 days of their coach session. No refund will be made for a coach who withdraws at any time after arriving at camp. There is no reduction in fees for late arrival and early departure.

**REQUIRED SIGNATURE (unsigned applications will be returned):** I have read the policies and terms contained in this form in regard to registration, payment and refund policy, and understand and agree with them. I certify that all information given here and on subsequent required coach forms will be correct and accurate. I understand that this position involves working with children and I authorize International Gymnastics Camp to do the necessary criminal background check to finalize my position as a Visiting Coach.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**USAG# (Required to attend):** \_\_\_\_\_

(or proof of professional membership from another organization or country)

**\*\* Please return this form to the address below\*\***

International Gymnastics Camp: 9020 Bartonsville Woods Road, Stroudsburg, PA 18360

Email: office@internationalgymnastics.com

[www.internationalgymnastics.com](http://www.internationalgymnastics.com)

Phone: (570) 629-0244

Fax: (570) 620-0616

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## Visiting Coaches' Information

Coaches' Name: \_\_\_\_\_ Week(s) Attending: \_\_\_\_\_

Gym/School Name and address: \_\_\_\_\_

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## List of Gymnasts Attending:

1. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

2. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

3. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

4. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

5. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

6. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

7. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

8. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

9. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

10. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

11. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

12. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

13. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

14. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

15. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

16. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

17. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

18. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

19. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_

20. Name: \_\_\_\_\_

Week(s) Attending: \_\_\_\_\_