



Registration Form for Membership 2012-2013

Member's INFORMATION (Athlete)

MEMBER'S FULL NAME: _____

D.O.B. (mm/dd/yy) _____ AGE: _____ Nationality: _____

Caymanian Passport Yes/NO

Street Address: _____

PO Box: _____ Postal Code: _____

Telephone #: _____ Email _____

SCHOOL _____ GRADE: _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____

Telephone: _____ Telephone: _____

E-mail: _____ E-mail: _____

I would like to receive e-mails from CIGA Y N I would like to receive e-mails from CIGA Y N

Adult Associated Member INFORMATION*

FULL NAME: _____

D.O.B. (mm/dd/yy) _____

PO Box: _____ Postal Code: _____

Telephone #: _____ Email _____

SIGNATURE

For athletes 18 years of age and older:

Member's Signature: _____ Date: _____

For athletes under 18 years of age:

Adult Associated Member's Signature: _____ Date: _____

* Adult Associated Member means, in respect of any Non-Adult Member any one or more persons over the age of eighteen (18) who (jointly in the case of multiple persons) agree to guarantee the obligations of such Non-Adult Member to the Association. For the avoidance of doubt, each Non-Adult Member shall be deemed to have a single Associated Adult Member, even when multiple persons jointly act in such capacity (and such persons shall be entered jointly on the Register of Members as a single Member).

CIGA OFFICIAL USE ONLY

MEMBERSHIP DUES PD: Y or N DATE: _____ METHOD OF PAYMENT: _____

COMPETITIVE LEVEL (last competed): _____ AAU #: _____ USAG # _____