



## NOTICE

This Notice is to ensure the following:

1. THAT YOUR COACHES ARE CERTIFIED UNDER THE ALBERTA GYMNASTICS FEDERATION CURRENT REQUIREMENTS. THIS FORM MUST BE COMPLETED AT THE TIME OF YOUR REGISTRATION. FAILURE TO COMPLY WILL AFFECT YOUR INSURANCE COVERAGE IN THE EVENT THAT A FILE GETS OPENED DUE TO AN ACCIDENT.
2. FAILURE TO SUBMIT ALL MEMBERS/PARTICIPANTS WHO HAVE PURCHASED AN ALBERTA GYMNASTICS MEMBERSHIP OR FAILURE TO PROVIDE REQUIRED INFORMATION OF PARTICIPANTS LIST WILL BE CONSIDERED AN ACT OF MISREPRESENTATION AND MAY ADVERSELY AFFECT THE CLUBS MEMBERSHIP. INSURANCE COVERAGE WILL NOT BE PROVIDED FOR CLUB MEMBERS/PARTICIPANTS THAT ARE NOT REGISTERED WITH AGF.
3. ENSURE YOUR CLUB CONTACT INFORMATION IS CORRECT AND UP TO DATE AT ALL TIMES. IF ALBERTA GYMNASTICS FEDERATION DOES NOT RECEIVE ANY CHANGES TO [MEMBERSHIP@ABGYM.AB.CA](mailto:MEMBERSHIP@ABGYM.AB.CA), THIS MAY RESULT IN YOUR CLUB NOT RECEIVING PERTINENT COMMUNICATIONS.
4. RESPECT AND ABIDE BY ALL ALBERTA GYMNASTICS FEDERATION BY-LAWS AND POLICES. IT IS EXPECTED THAT MEMBER CLUBS WILL MAKE AN EFFORT TO FAMILIARIZE THEMSELVES WITH THESE BY-LAWS AND POLICIES.

## DECLARATION OF VALIDITY

I, \_\_\_\_\_, as President/Owner of \_\_\_\_\_, confirm that I have reviewed the registration information submitted to the Alberta Gymnastics Federation for the 2019-2020 season and hereby verify that, to the best of my knowledge, all coaches have been registered and are in compliance with the Federation's coaching certification requirements. As well as all members/participants have been registered or will be registered for 2019-2020 year. I further verify that having reviewed the club's contact information, that it is correct as of this date.

\_\_\_\_\_  
Signature

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Date