

# NAWGJ INSURANCE INFORMATION REPORT

The form found on the following page is provided to NAWGJ members that wish to extend their insurance coverage to include such activities as CLINICS, WORKSHOPS AND CONSULTATION WORK.

This report should be used regardless of the primary insurance of the club or athlete to whom you are rendering your services.

This is a service offered exclusively by NAWGJ for its members. This service is not offered to Associate Members because they do not possess a valid judge's rating.

It is the responsibility of the individual judge to see to it the form is filled out properly and filed with NAWGJ.

The cost of this insurance coverage should not have to be paid by out-of-pocket expenses of the judge, but rather, built into the fee the judge charges for the services she/he is rendering.

**Example** - In the past, the judge normally charged \$50 for an evening of consulting work at a local club. The judge should now charge \$52, fill out the form and mail to NAWGJ with the \$2. She/he will still be receiving \$50 for the services.

## WHEN SHOULD YOU USE THIS FORM?

It is necessary to use this form if you wish insurance coverage in the following situations:

- clinics (local, state, regional, national)
- critique/consultation work
- workshops (especially when utilizing athlete demonstrators)
- lecture and video sessions only if documentation is desired.

NAWGJ continues to pool information about the types of activities and levels of clinics and workshops that are being offered throughout the United States. This information will help us better prepare our Education Library.

**NAWGJ "Insurance Binder" Report Form**

Date(s) of Clinic, Symposium or Meet \_\_\_\_\_ Region \_\_\_\_\_ State \_\_\_\_\_

This form is provided to NAWGJ members (not associate members) that wish to extend their insurance coverage to include the following gymnastics experiences:

Check which event.

- \_\_\_\_\_ Clinics (local, state, regional, national)
- \_\_\_\_\_ Critiques/consultation work
- \_\_\_\_\_ Workshops (especially when utilizing athlete demonstrators)
- \_\_\_\_\_ Inter squad meets assigned or not assigned by NAWGJ
- \_\_\_\_\_ Mock meets assigned or not assigned by NAWGJ
- \_\_\_\_\_ Meets directly assigned by other organizations such as colleges, Y's, etc.

**I. Clinic, Workshop, Congress, Symposium....Paid for by Organizing group (i.e., state NAWGJ, National NAWGJ)**

List clinicians: \_\_\_\_\_

Check one: (The listed fee covers all NAWGJ clinicians at the event.)

Local \$2 \_\_\_\_\_ State \$5 \_\_\_\_\_ Regional \$10 \_\_\_\_\_ National \$25 \_\_\_\_\_

**II. Meets (college, intersquad, mock) \$3.00 fee....paid by each judge.**

\$3.00 is the fee for each judge to bind herself/himself to the NAWGJ insurance.

Send forms and fee to those listed below. \*

You, the member, will "attach" or "bind" yourself or your clinicians to your NAWGJ liability insurance when participating in these other situations by signing this form in triplicate. The clinicians must be members of NAWGJ to be eligible for coverage.

Name \_\_\_\_\_ NAWGJ Ident. No. \_\_\_\_\_

Address \_\_\_\_\_ Rating \_\_\_\_\_ Expiration Date \_\_\_\_\_

City \_\_\_\_\_ Site of Event \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_

Phone No. (     ) \_\_\_\_\_

I am a current member of NAWGJ.

This insurance binder form must be postmarked on or before the date of activity.

\*All fees are non-refundable and nontransferable.

\*Make checks payable to: **NAWGJ**

\*Send fee and form to: **Betty Sroufe, Treasurer, 2096 Rolling Hills Blvd., Fairfield, OH 45014**

\*Send one copy to RID     \*Retain one copy for your files     Make copies of this original for your future use.