



2017/2018 ATHLETE MEMBERSHIP APPLICATION

\$57

Member Club Administrators may register athletes online at usagym.org/memberservices.
Membership will expire July 31, 2018.

ATHLETE MEMBERSHIP INFORMATION

All fields marked * are REQUIRED

RENEWING MEMBERSHIP NO. _____ NEW MEMBERSHIP

*First Name _____ MI _____ *Last Name _____

*Sex: _____ *Citizen: Yes No, please provide name of country of citizenship _____

Ethnicity/Race: African American American Indian Asian Caucasian Hispanic Pacific Islander Two or More Races choose not to respond
Submission of this information is completely voluntarily. Data collected is provided annually to the United States Olympic Committee (U.S.O.C.) to strengthen diversity among all Olympic sports.

*Mailing Address _____ *City _____ *State _____ *Zip _____

*Email _____ *Phone _____ *Date of Birth _____

PARENT INFORMATION

*First Name _____ MI _____ *Last Name _____

*Parent Email Address _____ *Parent Phone _____

MEMBER CLUB INFORMATION (All athletes must be registered with a Member Club.)

*Member Club Name _____ *State _____ *Club No. _____

*Contact Name _____ *Contact Email _____

PROGRAM INFORMATION Required — Write the level(s) that apply on the line provided under the discipline

Women's Artistic Level/Xcel Division: _____

Men's Artistic Level/Xcel Division: _____

Rhythmic Level/Xcel Division: _____

Trampoline & Tumbling Level: Yes HUGSTT

Acrobatic: Yes

Group/GymFest/TeamGym: Group Team Gym Level (1-10) _____ Sr. AT&T Jr. AT&T Youth AT&T

HUGS GfA HUGSW HUGSR HUGSTT Gym Challenge

ATHLETE/PARENT MEMBERSHIP AGREEMENT

Parent/Guardian signature is required for all members under the age of 18.

In consideration of my membership in the United States Gymnastics Federation (USA Gymnastics), and my participation in USA Gymnastics sanctioned events, I agree to be bound by each of the following:

- 1. Readiness to Compete:** I will only participate in those USA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in USA Gymnastics events, I will have practiced my exercises and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.
- 2. Medical Attention:** I hereby give my consent to USA Gymnastics and the Host Organization of any USA Gymnastics sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in USA Gymnastics sanctioned events.
- 3. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USA Gymnastics, the

Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

4. Online Member Search: I understand that the information provided will be listed on the USA Gymnastics online search: Athlete name, Athlete member number, Date of birth, Club number, and State. This information will be password protected and USA Gymnastics will use its best efforts to limit access to professional members of USA Gymnastics and club owners. USA Gymnastics does NOT release individual members' information to third parties.

5. USA Gymnastics Policies: I agree to be familiar with and bound by the rules and policies of USA Gymnastics, including but not limited to the competitive rules, the anti-doping rules, and the safe sport rules, policies and procedures adopted by the U.S. Center for Safe Sport, as such rules may be amended from time to time.

Signature of Gymnast _____ Date _____ Primary Medical Insurance Carrier _____

2017/2018 ATHLETE MEMBERSHIP APPLICATION

*** Required for any athlete who is not yet 18 years old:** As parent or legal guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the conditions listed in the Athlete Membership Agreement for permitting my child to participate in any USA Gymnastics sanctioned event. I release the Released Parties from any claims, losses or damages arising from or in any way connected with my child's participation in the event, including losses or damages occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties. Whenever possible, USA Gymnastics suggests both parents/guardians be required to sign below, and the parent/guardian(s) should keep a copy of this form.

***Signature of Parent/Guardian:** _____

in the state of _____ ***Date:** _____

Signature of Parent/Guardian: _____

in the state of _____ **Date:** _____

Club Representative Signature — I have checked this form and verify that all sections have been successfully completed and to the best of my knowledge are correct. I understand that failure to complete any section will result in delayed processing of this form. I have a copy, or original (if processed online), of this form on file at my club and have provided a copy to parent/guardian of the athlete.

***Signature of Club Representative:** _____ ***Date:** _____

PAYMENT INFORMATION

Credit Card _____ Card # _____ Exp. Date _____

Print Cardholder Name _____ Signature _____

Cardholder Phone _____ Email (for receipt) _____

PAYMENT TOTALS
Make checks payable to USA Gymnastics

Membership Fee: **\$57** _____

RUSH Fee: \$ _____

TOTAL PAYMENT \$ _____

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Athlete Membership registration fee is \$57. Full Payment required for processing. Please print clearly, and double check credit card information for accuracy.

Return completed form and payment to:
USA Gymnastics, 130 E. Washington St. Ste. 700, Indianapolis, IN 46204
or by fax: 317.692.5212. Attention: Member Services

Office Use Only

Number _____

Rec'd Date _____

Payment Amt _____

Check No. _____

Email sent date _____

Approval _____

By _____ Other _____



Questions? Contact Member Services at
800.345.4719 or membership@usagym.org