



2017/2018 INSTRUCTOR MEMBERSHIP APPLICATION

\$15

Must be at least 14 years of age to apply. * • Membership will expire July 31, 2018.

INSTRUCTOR MEMBERSHIP INFORMATION

* Applicants 18 years and older will be required to complete criminal background check screening.

RENEWING MEMBERSHIP NO. _____ NEW MEMBERSHIP All fields marked * are REQUIRED

*First Name _____ MI _____ *Last Name _____

*Date of Birth _____ *Sex: Male Female *Citizen: Yes No, 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 Address _____ *Phone _____

Club Name _____ Club No. _____ Club Owner _____

INSTRUCTOR MEMBERSHIP AGREEMENT (18 YRS +)

Signature required by all applicants 18 years or older for acceptance of membership

All persons requesting Instructor Membership must sign this disclosure statement. If this disclosure is not signed, the application will not be processed.

All members of USA Gymnastics agree to abide by and be bound by USA Gymnastics Safe Sport and Code of Ethical Conduct, all safe sport rules, policies and procedures promulgated by the U.S. Center for Safe Sport as they may be amended from time to time, as well as, all applicable criminal codes. All members of USA Gymnastics agree to be subject to the jurisdiction of the U.S. Center for Safe Sport and agree that any sanctions imposed by the Center extend to my participation in all National Governing Body events or activities and may be posted publicly and include information regarding the misconduct involved.

Additional Requirements for Instructor Membership include successfully completing the designated safe sport course and Criminal Background Check through the National Center for Safety Initiatives (NCSI).

- SAFE SPORT CERTIFICATE: Must complete and pass a designated safe sport course. Certificate is valid for 2 years.
- CRIMINAL BACKGROUND CHECK: Must successfully complete the Criminal Background Check Screening. All background checks are performed exclusively by the National Center for Safety Initiatives (NCSI). Background checks received from other agencies or for other organizations do not apply. Green light status must be granted by NCSI. Background checks are valid for 2 years.

I understand the responsibilities of USA Gymnastics Instructor Membership as listed above. I understand If the above requirements of Instructor Membership are not met, my membership will be placed in a pending status (not valid), membership card and/or any university certificates will be unavailable. Once membership requirements have been completed the member will be able to access membership card and university certificates.

Printed Name _____ Signature _____ Date _____

* Automatic annual one year recheck will occur on or about the anniversary of your first background check. For more info, visit usagym.org/background_overview.

INSTRUCTOR/PARENT MEMBERSHIP (14-17 YEAR OLDS) AGREEMENT

Signature required by all applicants 14-17 years old for acceptance of membership

Instructor (14-17 yr. old) Parent Agreement; parent/guardian signature also required for all members under the age of 18. All persons aged 14-17 years who are requesting Instructor Membership must, along with parent/guardian, sign this disclosure statement. If this disclosure is not signed, the application will not be processed.

All members of USA Gymnastics agree to abide by and be bound by USA Gymnastics Safe Sport and Code of Ethical Conduct, all safe sport rules, policies and procedures promulgated by the U.S. Center for Safe Sport as they may be amended from time to time, as well as, all applicable criminal codes. All members of USA Gymnastics agree to be subject to the jurisdiction of the U.S. Center for Safe Sport and agree that any sanctions imposed by the Center extend to my participation in all National Governing Body events or activities and may be posted publicly and include information regarding the misconduct involved.

I understand the responsibilities of USA Gymnastics Instructor Membership (14-17 years old) as listed above.

*Printed Name _____ *Signature _____ Date _____

*Parent/Guardian: Printed Name _____ *Signature _____

*Date _____ Email _____ Phone _____

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: **\$15** _____

RUSH Fee: \$ _____

TOTAL PAYMENT \$ _____

authorized/enclosed

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Instructor Membership registration fee is \$15. 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

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

Office Use Only

Number _____

Rec'd Date _____

Payment Amt _____

Check No. _____

Email sent date _____

Approval _____

By _____ Other _____