



# 2017-18 USA GYMNASTICS MEMBER CLUB APPLICATION

## CLUB INFORMATION

Check all that apply:  Rec.  Womens  Mens  Acro  T&T  Rhythmic  GFA (Group)

Club Name \_\_\_\_\_ Abbreviated Club Name(s) \_\_\_\_\_

Club # (if known) \_\_\_\_\_ Club Web Address \_\_\_\_\_

Club Phone \_\_\_\_\_ ext: \_\_\_\_\_ Club Email \_\_\_\_\_ Club Fax \_\_\_\_\_

Club Mailing Address **(No P.O. Box)** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Club Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

To the best of your knowledge what percentage of the individual participants in your club are; please note: 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.

African American \_\_\_\_\_% American Indian \_\_\_\_\_% Asian \_\_\_\_\_% Caucasian \_\_\_\_\_% Hispanic \_\_\_\_\_% Pacific Islander \_\_\_\_\_%  
Two or More Races \_\_\_\_\_%  choose not to respond

## USA GYMNASTICS REGISTRATION REQUIREMENTS

Please initial lines preceding following list

USA Gymnastics is committed to promoting a safe environment for its members, participants, coaches, officials, volunteers and staff in all gymnastics disciplines.

To register your organization with USA Gymnastics as a Member Club, you must agree to and comply with the following requirements for the entire membership or registration term, certification of which must be made annually upon application or renewal:

1. Have a policy consistent with USA Gymnastics' Participant Welfare Policy/Safe Sport Policy that affirms your commitment to the welfare of gymnastics participants in your organization and includes, at minimum,
  - a description of conduct that will not be tolerated,
  - standards of behavior for your staff/volunteers that promote participant welfare,
    - including: elimination of privacy, boundaries if physical contact is a necessary part of the activity and encouraging parental monitoring.
    - Proactive polices to eliminate the opportunity of grooming behaviors
  - and a process for receiving and handling complaints regarding conduct that violates your policy.

*The Safe Sport Policy, formerly known as the Participant Welfare Policy, is part of USA Gymnastics' safe sport initiatives and incorporates the authority and jurisdiction of the U.S. Center for Safe Sport. USA Gymnastics policies and procedures related to misconduct are presently under review, and updates to this policy may be necessary in the near future. Available online at usagym.org/SafeSport, changes are effective immediately unless otherwise noted in the policy.*

2. Not hire or be associated in any way with any person who is permanently ineligible for membership in USA Gymnastics, a list of whom is available at [www.usagym.org/ineligible](http://www.usagym.org/ineligible), or any person who is listed on a federal or state sex-offender registry, a search for which may be conducted at [www.nsopw.gov](http://www.nsopw.gov).
3. Maintain current commercial general liability insurance that includes, at minimum, participant liability and participant accident medical insurances.
  - Provide general liability insurance carrier name and policy number: \_\_\_\_\_
4. Maintain a current Professional membership for the owner of a private gymnastics facility and/or the managing director of a public/non-profit facility.
5. Have a mission statement consistent with USA Gymnastics' mission to encourage participation and the pursuit of excellence in all aspects of gymnastics.

Owner/Managing Director Name: \_\_\_\_\_ USA Gymnastics Member # (if known): \_\_\_\_\_

Owner/Managing Director Email: \_\_\_\_\_ Owner/Managing Director Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Owner/Managing Director Signature: \_\_\_\_\_

*I understand that Member Club status will be considered pending and facility will be unable to utilize any Member Club membership benefits, such as, the ability to register athletes until all membership requirements are met.*

## PAYMENT INFORMATION

**\$160** Application Fee

Total Amount: \_\_\_\_\_  
(Add \$25 for Rush Order)

Please make checks payable to USA Gymnastics, or please complete the following credit card information.

Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Billing Address (if different from above) \_\_\_\_\_

Signature \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_

Email Address (for credit card receipt) \_\_\_\_\_ Phone \_\_\_\_\_

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

Normal processing time 3-4 weeks. **Rush Processing (5-7 business days) additional \$25.** \* No refunds or transfers.