

W200 Development Coaches Course: (HOTD) Registration Form

This form applies to the LIVE Development Coaches Hands on Training course ONLY

Course available to individuals aged 14 and older

Course schedules are updated weekly at www.USAGymnasticsUniversity.org

Form updated August 2016 [Must use most updated form]

Office Use Only					
Number					
Rec'd Date					
Payment Amount					
Check Number					
Approval					

All registrations must be received at USA Gymnastics two (2) weeks prior to the course date. Late registrations, incomplete registrations, or registrations without proper payment will not be processed. Late registrations are not guaranteed a book or admission to the course. Onsite and late registrations will be charged a \$25 onsite registration fee. See reverse side for course cancellation, refund, and transfer policies. REGISTRATION IS PROPERTY OF THE REGISTRANT AND CANNOT BE TRANSFERRED TO ANOTHER INDIVIDUAL.

policies. REGISTRATION IS PRO	PERTY OF THE REGISTRANT AND CANNOT BE TRAN	SFERRED TO ANOTHER INDIVIDUAL.			
Applicant Information					
First name:	MI:	Last name:			
Current USA Gymnastic	s membership #	Date of birth:		Male Female	
Address:		City:	State:	Zip:	
Telephone:		Email:			
	ber: ☐ INSTRUCTOR ☐ JUNIOR PROFESS				
	red for Jr. Professional and Professional mem				
	c ☐ Men's Artistic ☐ Acrobatic ☐ Gro	***		ounc.	
W200 Course Informati	<u>on</u>				
Course date:	Course City:		Course State:		
Course code:	ourse code:Instructor name:				
Course/Membership fee: Current Professional, Junior Professional, Instructor or Athlete (14 years or older) \$70					
•	☐ Non-member + Instructor Membership \$	· · · · · · · · · · · · · · · · · · ·			
	 Non-member Audit \$85 □ Onsite or late registration fee \$25 (in add) 	tion to course registration fee above)	*Register ONLINE	and save \$5	
	•	ent — Signature is required for m			
	Applicant Disclosure Agreem	<u>ent</u> — Signature is required for in	iember sinp applic		
Certification and passed Ba expected to display ethical	INSTRUCTOR MEMBERSHIP APPLICANTS: Require ackground Check through the National Center conduct and comply with the USA Gymnastics laced in a pending status (not valid) and no be	for Safety Initiatives (NCSI) (18 years and old Code of Ethics and all applicable criminal code.)	der). Additionally, all me odes. If the above requir	embers of USA Gymnastics are rements of membership are not met,	
	All persons under 18 years requesting Ins	tructor or Jr. Professional membership must com	plete this disclosure staten	nent.	
Mambara of USA Compacting	If this disclosure are expected to comply with all applicable criminal of	re is not signed, the application will not be proces		as entared a place of quilty or no contact to a	
criminal charge or indictment	involving sexual misconduct, child abuse, or conduct no has been convicted of or has entered a plea of guilt	that is a violation of a law specifically designed to pr	rotect minors, and, dependi	ng on the nature of the crime, may be violated	
1. Have you ever been conv	icted of or entered a plea of guilty or no conte	st criminal charge or indictment involving se	exual misconduct, child	abuse, or conduct that is a violation of	
	ed to protect minors? 🗆 YES 🗆 NO				
-	icted of or entered a plea of guilty or no conte	• • •			
ŕ	icted of any lesser crime involving force or thr)		
 4. Have you ever been convicted of a lesser crime in which sexual relations is an element? ☐ YES ☐ NO 5. Have you ever been convicted of a lesser crime involving controlled substances (not paraphernalia or alcohol)? ☐ YES ☐ NO 					
•	icted of a lesser crime involving cruelty to ani				
-	pilities and benefits of USA Gymnastics Meml				
Signature:Date:					
Payment Information	1: Memberships are NON-REFUNDABLE and NON-TR	RANSFERABLE. Full Payment required for processing	ng. Please print clearly,	Danis and Tabala	
and double check credit card in	formation for accuracy. Enclose check payable to <u>US.</u>	A GYMNASTICS or provide credit card information:		Payment Totals:	
Card #:		Exp:		Registration fee:	
Cardholder Name (PRIN	NT):	Telephone #:		Membership fee:	
Cardholder Signature:_				Late/Onsite fee: I authorize a total charge in the	
_				amount of \$	
Email address for recei			_		