

Office Use Only	
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W200: Development Coaches Course (HOTD) Group Registration Form

This form applies to the LIVE Development Coaches 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)



W200: Development Coaches Course: Hands on Training (HOTD) Registration Form

This is a NEW live, six-hour, hands-on training course developed for pre team, level 1-3 coaches and even school age recreational coaches. Course topics include warm ups, conditioning, lesson planning, hands on spotting and lectures for all Olympic events. This is a great hands on experience of drills and skill progression with instructors demonstrating practical examples of coaching level 1-3 gymnastics.

The W200 Development Coaches Course: HOTD has been developed to:

- Enhance the status of beginning level competitive gymnastics programs throughout the United States.
- Establish requirements for certification which will help identify competent pre-team and competitive (Level 1-3) gymnastics coaches.
- Provide appropriate skills, drills and techniques for entry level competitive coaches.
- Help standardize pre-team and entry level competitive gymnastics teaching throughout the United States.
- Provide resources, instructional materials, and assistance at levels 1-3 coaching
- Provide hands on spotting on all four Olympic Events.

Registration Details: This form is for USA Gymnastics Club Group Registration ONLY

- Please provide a name, personal contact information, and valid personal email address for each registrant.
- Only current Instructor, Professional, Jr. Professional and Athlete (14 years and older) members will receive University credit and a certificate for the completion of the course. Certificates can be obtained after the course on "My Profile" page of usagym.org in 2-3 weeks.
- \$70 for USA Gymnastics Members (**SAVE \$5 by registering online**) Professional, Jr. Professional, Instructor and Athlete (age 14 or older)
- **Instructor memberships can be purchased for \$15.**

Club Information: Please print. All fields require

Club Name _____ USA Gymnastics Member Club # _____

Club Contact Name _____

Contact Email Address _____ Phone # _____

Course Information

Course date _____ Course City _____ Course State _____

Card # _____ Exp. _____ / _____

Print Cardholder Name: _____

Cardholder Signature: _____

Email address for receipt: _____

Payor Address, City, State Zip: _____

Payment totals—	
Total Registrants:	_____
Total payment authorized/enclosed:	_____
\$	_____

completed form and payment to:

USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204 or by fax: 317.692.5212 Attention: Educational Services

Registrant 1*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 2*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 3*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 4*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 5*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 6*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 7*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 8*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 9*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 10*office use only:* Reg# _____ \$ _____ **Member Registration Fee \$70** **Non Member Registration Fee \$85 (Includes Complimentary Instructor Membership)**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____