



# 2017/2018 ATHLETE MEMBERSHIP APPLICATION

\$57

Member Club Administrators may register athletes online at [usagym.org/memberservices](http://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 \_\_\_\_\_

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**\* 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

<input type="checkbox"/> 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. Introductory Athlete Membership registration fee is \$25. 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