



# 2010/2011 ATHLETE MEMBERSHIP APPLICATION

\$54

Form valid August 1, 2010-July 31, 2011.

Register or renew at [www.usa-gymnastics.org](http://www.usa-gymnastics.org) to receive a \$5 discount.

## ATHLETE MEMBERSHIP INFORMATION

NEW ATHLETE REGISTRATION     PREVIOUS ATHLETE MEMBER NO. \_\_\_\_\_ *All fields marked \* are REQUIRED*

Please Email me my membership number and password

\*First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Citizen:  Yes  No

\*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

## CLUB INFORMATION

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 _____	Men's Artistic Level _____	Acrobatic Level _____	Rhythmic Level _____	Trampoline/Tumbling Level _____	Group/GymFest/TeamGym Level _____
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## ATHLETE MEMBERSHIP AGREEMENT

**Signature is required for acceptance of membership**

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.

Signature of Gymnast \_\_\_\_\_ Date \_\_\_\_\_ Primary Medical Insurance Carrier \_\_\_\_\_

**\* 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.

\*Signature of Club Representative: \_\_\_\_\_ \*Date: \_\_\_\_\_

**NOTE:** Normal processing time is 3-4 weeks from the date of receipt in our office. Please do not fax any form more than once. Duplicate faxes may result in duplicate charges to your credit card. When faxing groups of applications, please use a fax cover sheet indicating the total number of applications submitted. RUSH processing is an additional \$25 and guarantees membership number availability in our database and/or online membership search. If RUSH processing, your membership will be available within three business days of receipt in our office. Same day turnaround on RUSH processing requests cannot be guaranteed. Max RUSH fee for groups of 5-20 is \$100, 4-6 weeks card delivery.

## PAYMENT INFORMATION

VISA     Other \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Cardholder Phone \_\_\_\_\_ Email (for receipt) \_\_\_\_\_

### PAYMENT TOTALS

Make checks payable to USA Gymnastics

Membership Fee: **\$54**

RUSH Fee: \$ \_\_\_\_\_

Donation Total: \$ \_\_\_\_\_

TOTAL PAYMENT \$ \_\_\_\_\_

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Athlete Membership registration fee is \$54 when submitting form via fax or mail. Full Payment required for processing. Please print clearly, and double check credit card information for accuracy.

Return completed form and payment to: USA Gymnastics, 132 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 \_\_\_\_\_

# 2010/2011 ATHLETE MEMBERSHIP APPLICATION

## A NOTE TO PARENTS/GUARDIANS

1. Athlete Membership registration is available only through your club. A representative of your club must complete the application process. USA Gymnastics CANNOT accept Athlete Membership applications via telephone.
2. Athlete Membership registration dues function as an insurance premium for Secondary Accident Insurance at USA Gymnastics sanctioned events. Dues will not be pro-rated for late-season or delayed registration. See Benefits section for additional insurance information.
3. Athlete Membership is NON-refundable and NON-transferrable.
4. You can find additional membership information at USA Gymnastics online: [www.usa-gymnastics.org](http://www.usa-gymnastics.org).
5. Ensure your club provides you with a copy of the completed application form.

## A NOTE TO CLUBS

1. Online registration is available only through your club. A representative of your club must complete this process. A copy of the original application must be kept on file at your club.
2. Membership cards are available to print online.
3. Allow a minimum of 6 weeks in advance of your first competition of the season for processing of your Athlete Member applications. Normal processing time is 3-4 weeks from the date of receipt in our office.
4. Athlete Memberships may NOT be registered by telephone since the signed Athlete Membership Agreement must be on file at the club and/or USA Gymnastics for membership to be valid.
5. If any required section of this form is not complete, the membership will be put into a pending status, and no membership benefits will be available until all requirements are fulfilled.
6. Ensure that a copy of the completed application is provided to the parent and/or legal guardian.

### SHOW YOUR SUPPORT!

Your tax-deductible donations support USA Olympic Athletes, National Team Members, Collegiate Athletes, and USA Gymnastics Grassroots Programs. To learn more visit [www.usa-gymnastics.org](http://www.usa-gymnastics.org)

## USA GYMNASTICS ATHLETE MEMBERSHIP BENEFITS

Athlete Membership is required prior to any gymnast taking part in a USA Gymnastics sanctioned event. Athlete Membership includes the following benefits:

1. Right to participate in any USA Gymnastics sanctioned event for which the athlete is qualified.
2. Athlete Membership card showing proof of membership and a USA Gymnastics decal. This card also entitles you to a 5% discount on apparel and novelty items purchased through the USA Gymnastics Merchandise Department ONLY when you include your Athlete Membership number with your order.
3. A subscription to *USA Gymnastics* magazine. PLEASE NOTE: The magazine is published six times per year: Jan/Feb, Mar/Apr, May/June, July/Aug, Sept/Oct, and Nov/Dec. You will receive only those issues that are processed for mailing on or after your membership processing date through July 31, 2011. Our Athlete Membership season runs from August 1 to July 31. For example, if your Athlete Membership application is received in our office after August 1, you may NOT receive the Sept/Oct issue of the magazine.  
  
If you were a registered athlete during the 2009/2010 season, we must receive your membership renewal application no later than August 1, 2010 to ensure that you do not miss out on any issues of the magazine. Please keep us informed of any address changes as the U.S. Postal Service does NOT forward *USA Gymnastics Magazine*.
4. Insurance coverage of up to \$50,000 Secondary Accident Insurance (subject to deductible) if the following conditions are met:
  - A. Injury must occur during a USA Gymnastics sanctioned event.
  - B. Accident report must be filed by the coach, trainer, or other attendant immediately following any injury preventing the gymnast from full activity for 24 hours or more, regardless of whether immediate medical attention is given. (Meet Directors have accident report forms available at all sanctioned events).
  - C. The gymnast's club MUST have a fully signed Athlete Membership Application form (i.e. a copy of THIS form) on file at the club.
5. Athletes 15 years of age and older may attend clinics, congress, and educational courses for the member discount price.



USA Gymnastics University is a collection of educational resources, online and live courses, and a professional certification program. The certification program will aim to organize the educational resources of USA Gymnastics University and provide a means to achieve logical progressions of professional development, a well-rounded knowledge base, and recognition of education and experience levels. Some of the core certification courses are available now and will apply for certification credit when the program becomes available. For more information visit [www.usa-gymnastics.org](http://www.usa-gymnastics.org)

\*\*\* CLUBS: SAVE \$5 WHEN YOU REGISTER ATHLETES ONLINE \*\*\*

## FOR IN-HOUSE PROCESSING, PLEASE SEND COMPLETED APPLICATION FORM AND PAYMENT

Via **MAIL**  
USA Gymnastics Member Services  
132 E Washington St., Ste 700  
Indianapolis, IN 46204

Via **FAX** (*credit card orders*)  
317-692-5212  
*Please do not fax forms more than once*

Did you know that as a member of USA Gymnastics, a portion of your membership fee helps support our National Team, USA Olympic Athletes, Collegiate Athletes and Grassroots programs?

Show your support!

Become a member today!

Learn more at [www.usa-gymnastics.org](http://www.usa-gymnastics.org).

**For questions or concerns, contact USA Gymnastics Member Services Department at (800) 345-4719 or [membership@usa-gymnastics.org](mailto:membership@usa-gymnastics.org)**

