

Contact Information

Athlete Name: _____ Athlete DOB: _____

Medical Conditions/Allergies (if any): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone- Home: _____

Email: _____

Parent Info

Mother Name: _____ Occup: _____

Cell Phone: _____ Other: _____

Email: _____

Father Name: _____ Occup: _____

Cell Phone: _____ Other: _____

Email: _____

Insurance Info

Primary Accident/ Medical Insurance Co: _____

Group Plan/Policy #: _____

Primary Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Staff Only:

Level: _____ Coach: _____ Competitive Age: _____



2015/2016 ATHLETE MEMBERSHIP APPLICATION

Member Club Administrators may register athletes online at usagym.org/memberservices.
Membership will expire July 31, 2016.

ATHLETE MEMBERSHIP INFORMATION

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

*First Name _____ MI _____ *Last Name _____ *Sex: _____ *Citizen: Yes No

*Mailing Address _____ *City _____ *State _____ *Zip _____

*Email Address _____ *Telephone _____ *Date of Birth _____

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 Div. _____	Men's Artistic Level _____	Acrobatic <input type="checkbox"/> Yes	Rhythmic Level _____	Trampoline/Tumbling <input type="checkbox"/> Yes	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 and have provided a copy to parent/guardian of the athlete.

*Signature of Club Representative: _____ *Date: _____

NOTE: Normal processing time is 5-10 business days 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

Credit Card _____ Card # _____ Exp. Date _____

Print Cardholder Name _____ Signature _____

Cardholder Phone _____ Email (for receipt) _____

PAYMENT TOTALS

Make checks payable to USA Gymnastics

Membership Fee: _____

RUSH Fee: \$ _____

TOTAL PAYMENT \$ _____

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Athlete Membership registration fee is _____. 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

Questions? Contact Member Services at
800.345.4719 or membership@usagym.org

Office Use Only

Number _____

Rec'd Date _____

Payment Amt _____

Check No. _____

Email sent date _____

Approval _____

By _____ Other _____