



ATHLETE MEMBER APPLICATION

AUGUST 1, 2007 - JULY 31, 2008

Athlete Membership registration fee is \$52 per athlete. Register online through your club and save \$5. This form is for secondary insurance and must be completely filled out with all signatures present before membership and any membership benefits will be released.

Please Rush process my Athlete membership application. I understand that there will be a \$25 additional fee for each application Rush processed. Maximum for groups of 5-20 submitted at the same time is \$100. Please allow 6-8 weeks for card delivery.

OFFICE USE ONLY

Number _____
Rec'd Date _____
Total Athletes _____
Payment Amount _____
Check Number _____
Postmarked _____
Credit Card Approval _____
By _____ Other _____

Note: Normal processing time is 3-4 weeks from the date of receipt in our office. There is a \$25 Rush fee (per application) option when processing is required in less than our normal time. Rush processing guarantees membership number availability in our database and/or online membership search. If Rush processing, your membership number will be available within three business days of receipt in our office. Same day turnaround on Rush processing requests cannot be guaranteed. Your membership card will be issued as quickly as possible. Please allow 6-8 weeks delivery time. * DENOTES REQUIRED FIELD

1 ATHLETE MEMBER INFORMATION

1

First Name _____ MI _____ Last Name _____
Mailing Address _____
City _____ State _____ Zip _____ +Four _____
Citizen of USA: YES NO *Birthdate:(required) _____/_____/_____
MO. _____ DAY _____ YR. _____
Phone (_____) _____ Male Female
Email _____

2 CLUB INFORMATION

2

Club Name _____ Club # _____
Club Contact Person _____
Club Mailing Address _____
City _____ State _____ Zip _____
(_____) _____ (_____) _____
Club Phone _____ Club Fax _____
Email _____

New Club?
We will assign club # upon receipt.

3 PROGRAM INFORMATION

3

Required - Check all that apply:

MEN'S ARTISTIC Level _____
 TRAMPOLINE/TUMBLING _____
highest level competed _____
 RHYTHMIC Level # _____
 GROUP GYMNASTICS (GymFest) TeamGym _____
Level C _____ D _____
 WOMEN'S ARTISTIC Level # _____
 ACROBATIC GYMNASTICS Level # _____

Previous Athlete Member # _____
previous athlete member # _____

4 PAYMENT INFORMATION

4

Memberships are NON-REFUNDABLE AND NON-TRANSFERABLE. Athlete Membership registration fee is \$52 per athlete when submitting form via fax or mail. Full Payment required for processing. Please print clearly, and double check credit card information in order to avoid delays in processing. ENCLOSE CHECK PAYABLE TO **USA GYMNASTICS** OR PROVIDE CHARGE CARD INFORMATION:

VISA VISA OTHER MAJOR CREDIT CARD _____
Cardholder Name (PRINT) _____
Cardholder Signature _____ Cardholder Phone (_____) _____
Card Number _____ - _____ - _____ - _____
Exp. Date _____ Registration Fee _____
Rush Fee _____
Sub-Total _____
Donation Total _____
Total amount to be charged to card _____

I WOULD LIKE TO MAKE AN ADDITIONAL TAX DEDUCTIBLE CONTRIBUTION TO THE FOLLOWING NATIONAL TEAM/PROGRAM(S)

Men \$ _____ RSG \$ _____ Acrobatic Gymnastics \$ _____
 T & T \$ _____ Women \$ _____
 Collegiate Men \$ _____ Collegiate Women \$ _____

5 ATHLETE MEMBER AGREEMENT

(ALL SIGNATURES 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:

- 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, and without injury.
- 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.
- 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 further agree that USA Gymnastics, the Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event, along with the employees, agents, officers and directors of these organizations, shall not be liable for any losses or damages occurring as a result of my participation in the event, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above.
- ONLINE MEMBER SEARCH:** I understand that the following information will be listed on the USA Gymnastics online search: Athlete name, Athlete member number, Club number and State. This information will be pass word 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.
- NON-REFUNDABLE/NON-TRANSFERABLE:** I understand that this membership is non-refundable and non-transferable.

All signatures required for acceptance of membership. Failure to complete any area of this membership form will result in delayed processing. Please double check all information before submitting.

Gymnast primary medical insurance carrier _____ *Signature of gymnast _____
*Required for any athlete who is not yet 18 years old: As legal parent or 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 as described in section 5 for permitting my child to participate in any USA Gymnastics sanctioned event. It is suggested that you keep a copy of this application.
*Signature of Parent/Guardian _____ *Date _____

6 CLUB REPRESENTATIVE'S SIGNATURE

6

I have checked this form and verify that sections 1-6 have been completely filled out 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.

*Signature of Club Representative(required): _____ *Date _____

KEEP A COPY OF THIS FORM ON FILE AT YOUR CLUB

Show Your Support!

Your donations will go to USA Olympic Athletes, National Team Members, Collegiate Athletes, and Grassroots Programs.

For more information go to... www.usa-gymnastics.org

OR SEND APPLICATION FORMS TO USA GYMNASTICS

Mail or fax your completed and fully signed application with \$52.00 payment to:

Mailing Address

USA Gymnastics Member Services
Pan American Plaza - Suite 300
201 S. Capitol Ave.
Indianapolis, IN 46225

Fax

If you are paying by credit card, you may fax your completed and fully signed form to us at...

317.692.5212

Please do not fax any form more than one time. Duplicate faxes may result in duplicate charges to your credit card. When faxing groups of athlete membership forms, please use a cover page indicating the total number of applications present in your transmission.

USA GYMNASTICS ATHLETE MEMBERSHIP BENEFITS

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

1. Right to participate in any USA Gymnastics sanctioned event for which you are qualified.
2. Athlete Membership card showing proof of membership and a USA Gymnastics decal. This card also entitles you to a 10% 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. Includes a subscription to *USA Gymnastics Magazine*.
PLEASE NOTE: The magazine is published six times per year: January/February, March/April, May/June, July/August, September/October and November/December. You will receive only those issues that are processed for mailing on or after your membership processing date through July 31, 2008. Our Athlete Membership season runs from August 1 ending on July 31. (For example, if your Athlete Membership application is processed in our office after August 1, 2007 you may NOT receive the September/October issue of the magazine.)

If you were a registered athlete during the 2006/2007 season, we must receive your Athlete Membership Renewal Application no later than August 1, 2007 to ensure that you do not miss out on any issues of the magazine. Please keep us informed of any address change that occurs since the U.S. Postal Service does NOT forward *USA Gymnastics Magazine*. A written notification of any address change is required. Please send any changes to our Regular Delivery address.
4. Insurance coverage of up to \$50,000 Secondary Accident Insurance (Subject to a 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 Member Application form (i.e., a copy of THIS form) on file at the club.
5. Athletes 15 years of age and older may attend/take clinics, congress, and courses for the member discount price.

PROCESSING OF ATHLETE MEMBERSHIP

Online athlete registration is available only through your club. A representative of your club must complete this process for you.

If processed online, club must keep original application on file.

Membership cards will be available for print from web when online registration takes place.

You can find additional membership information at our website USA Gymnastics online:
<http://www.usa-gymnastics.org>

USA GYMNASTICS ONLINE

Allow a minimum of 6 weeks in advance of your first competition of the season for processing of your Athlete Member application. Normal processing time is 3-4 weeks from the date of receipt in our office.

Complete and submit this form to your club for submission to USA Gymnastics Member Services. Your club must review and sign this form, verifying that all information is correct before submitting to Member Services. For insurance purposes your club must also keep a copy of this form on file. Athlete Members may NOT register by telephone since we must have your signed Athlete Membership Agreement before processing your application.

* If any required section of this form is not complete, your membership will be put into a pending status, and no membership benefits will be released until requirement is fulfilled.

PLEASE NOTE: When submitting to our office for processing, your club must keep a copy of this application form on file. Memberships are NON-refundable and NON-transferable.

