



# USA GYMNASTICS MEMBER CLUB ENROLLMENT APPLICATION

If you already have a Member Club and are registering another business, please call Member Services at 1-800-345-4719. (Discount for additional businesses.)

## CLUB INFORMATION

Check all that apply:  Rec.  Womens  Mens  Acro  T&T  Rhythmic  GFA (Group)

Club Name \_\_\_\_\_ USAG Club # (if known) \_\_\_\_\_

Club Owner/Director \_\_\_\_\_ USAG Member # \_\_\_\_\_

Club Email \_\_\_\_\_ Club Web Address \_\_\_\_\_

Club Phone \_\_\_\_\_ ext: \_\_\_\_\_ Club Fax \_\_\_\_\_

Club Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## USA GYMNASTICS STANDARD OF CARE AGREEMENT

### Owner/Director, please initial:

\_\_\_\_ USA Gymnastics is committed to promoting a safe environment for its members, participants, coaches, officials, volunteers and staff in all gymnastics disciplines. USA Gymnastics has adopted a Participant Welfare Policy detailing this commitment, which includes recommendations for Member Clubs, which can be viewed at [www.usagym.org/welfare](http://www.usagym.org/welfare). I agree to uphold these standards.

\_\_\_\_ Consistent with this commitment, I certify that no persons permanently ineligible for membership in USA Gymnastics are or will be associated with the club or its activities in any way during the club's membership period. I further certify that I will subsequently review that list during the club's membership period when new persons become associated with the club or its activities in any way. A list of permanently ineligible members is available at the following link: [www.usagym.org/ineligible](http://www.usagym.org/ineligible).

\_\_\_\_ Your business must be covered by general liability and comprehensive insurance plans during your business's membership.

\_\_\_\_ I am, or agree to employ at least one staff member that holds a current, certified Professional Membership, or, as a Recreational only club, I agree to currently employ at least one staff member that holds a safety certified Instructor membership during the entire period of the club's membership with USA Gymnastics.

**Professional/Instructor Member:** \_\_\_\_\_ **USAG Member No.** \_\_\_\_\_

\_\_\_\_ I agree that our club's mission statement is in-line with the USA Gymnastics mission statement: "The mission of USA Gymnastics is to encourage participation and the pursuit of excellence in all aspects of gymnastics."

**Today's Date:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Please include a check for \$160 made payable to "USA Gymnastics" in your mailed package to USA Gymnastics, or complete the following credit card information.

## PAYMENT INFORMATION

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

Signature \_\_\_\_\_

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

Email Address for credit card receipt \_\_\_\_\_

Return completed form and payment to: USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204 • or fax: 317.692.5212. Attention: Member Services



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USA Gymnastics is proud to accept Visa