



2011-2012 USA GYMNASTICS REGISTERED BUSINESS ENROLLMENT APPLICATION

Valid through July 31, 2012

PLEASE NOTE:

- Current Member Clubs are not required to complete this application. Not sure if your business is a Member Club? Visit usagymclub.com and click on the 'Find a Member Club' link to search for your business.
- All signatures and initials MUST be completed in order to process application.
- Please allow 5-7 business days for processing.
- No payment is required.

BUSINESS INFORMATION

Business Name _____ USAG Club # (if known) _____

Owner/Director _____ USAG Member # _____

Email _____ Web Address _____

Phone _____ ext: _____ Fax _____

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 Registered Businesses can be viewed at 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 business or its activities in any way during the business's membership period. I further certify that I will subsequently review that list during the business's membership period when new persons become associated with the business or its activities in any way. A list of permanently ineligible members is available at the following link: 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 business, I agree to currently employ at least one staff member that holds a safety certified Instructor membership during the entire period of the business's membership with USA Gymnastics.

***Professional/Instructor** _____ **USAG Member No.** _____

** Member must be in good standing with all applicable certifications.*

____ 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: _____

** No fee required*

PLEASE RETURN COMPLETED FORM VIA MAIL/EMAIL/FAX TO:

USA Gymnastics Member Services

Mail - USA Gymnastics • 132 E. Washington St. Suite 700 • Indianapolis, IN 46204

Email - tlummis@usagym.org • Fax - 317.692.5212