



USA Gymnastics University
(R103)-School Age/Recreational: Hands On Training (HOTSA)
Member Club Group Registration Form
 Visit www.usagymnasticsuniversity.org for course schedule
 Registrations **MUST** be received at least 2 weeks prior to course



R103: School Age/Recreational: Hands on Training (HOTSA) Course Details

This is a NEW course, designed to provide hands on training for instructors of school-aged/recreational gymnasts. This course covers class safety overview, games, warm ups, progressions on bars, floor and trampoline, lesson planning, age appropriate skills and drills, and spotting. This is a live five hour course.

The NEW School Age/Recreational Course has been developed to:

- Enhance and standardize recreational gymnastics programs throughout the United States.
- Provide appropriate information for school-aged recreational coaches with the emphasis on safety, individual development, fitness and fun.
- Provide information on games, warm ups, progressions on bars, beam, vault, floor and trampoline, lesson planning and age appropriate skills and drills
- Provide HANDS ON SPOTTING

R103 is a companion U100 Fundamentals of Gymnastics Instruction (online). It is highly recommended that you complete U100 prior to R103. However, it is not a requirement to take U100 prior. U100 covers the theories and concepts of gymnastics education and R103 builds on those concepts by providing practical examples and experience.

Completion of this course fulfills one of the requirements within the USA Gymnastics University School of Recreational Gymnastics.

Registration Details:

This form is for USA Gymnastics Member Club Group Registration **ONLY**

- Please provide a name, personal contact information, and valid personal email address for each registrant
- In order to receive the Member Club tiered pricing the club **MUST** be a current USA Gymnastics Member Club, but the individuals registered are **NOT** required to be members of USA Gymnastics
- Only current Professional, Instructor, Jr. Professional, Introductory Coach, Jr. Introductory Coach and Athlete (15 yrs and older) members will receive University credit and a certificate for the completion of the course. Certificates can be obtained after the course on "My Membership" page of usagym.org.
- **Instructor memberships can be purchased for \$30.**
- Special MEMBER CLUB pricing is available for R102 Preschool Fundamentals: Hands on Training (HOTPS) and R103 School Age: Hands on Training (HOTSA).

Member Club Information: Please print. All fields required.

Club Name _____ USA Gymnastics Member Club # _____

Club Contact Name _____

Contact Email Address _____ Phone # _____

Course Information

Course date _____ Course City _____ Course State _____

Course code _____

Payment Information : Make checks payable to USA Gymnastics

Payment totals—
 Total Registrants: _____
 Total payment authorized/enclosed:
 \$\$ _____

Visa Other _____ Card # _____ Exp. _____

Print Cardholder Name _____

Email for Credit Card _____

Payor Address: _____

Office Use Only

Postmarked _____
 Payment _____
 Check # _____
 Auth _____ Date _____



Return completed form and payment to:

USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204
 or by fax: 317.692.5212 Attention: Educational Services valid through 1/1/2012—7/1/2012

Registrant 1*office use only:* Reg# _____ \$ _____ Registration Fee \$65

(if applicable)

Name _____ D.O.B. _____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 2*office use only:* Reg# _____ \$ _____ Registration Fee \$59

(if applicable)

Name _____ D.O.B. _____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 3*office use only:* Reg# _____ \$ _____ Registration Fee \$59

(if applicable)

Name _____ D.O.B. _____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 4*office use only:* Reg# _____ \$ _____ Registration Fee \$59

(if applicable)

Name _____ D.O.B. _____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 5*office use only:* Reg# _____ \$ _____ Registration Fee \$59

(if applicable)

Name _____ D.O.B. _____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 6 *office use only: Reg# _____ \$ _____*

Registration Fee \$55

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 7 *office use only: Reg# _____ \$ _____*

Registration Fee \$55

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 8 *office use only: Reg# _____ \$ _____*

Registration Fee \$55

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 9 *office use only: Reg# _____ \$ _____*

Registration Fee \$55

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 10 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 11 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 12 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 13 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 14 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 15 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 16 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 17 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 18 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 19 *office use only: Reg# _____ \$ _____*

Registration Fee \$49

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

Registrant 20 *office use only: Reg# _____ \$ _____*

Registration Fee \$45

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____