



# 2020/2021 ATHLETE MEMBERSHIP APPLICATION

\$63

Membership will expire July 31, 2021.

## PARENT/GUARDIAN INFORMATION

All fields marked \* are REQUIRED.

Parent/Guardian: \*Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Last Name \_\_\_\_\_  
 Parent/Guardian: Preferred Name \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Date of Birth \_\_\_\_\_  
 \*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
 \*Email \_\_\_\_\_ \*Phone \_\_\_\_\_

## ATHLETE INFORMATION

Athlete: \*Legal First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Last Name \_\_\_\_\_  
 Athlete: Preferred Name \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Date of Birth \_\_\_\_\_  
*Preferred Name will be provided to meet directors in place of legal first name for use at competitions.*  
 \*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_  
*If same as parent/guardian write SAME.*  
 \*Email \_\_\_\_\_ \*Phone \_\_\_\_\_  
 Member No. (if known) \_\_\_\_\_ \*Citizen:  Yes  No, please provide name of country of citizenship \_\_\_\_\_  
 Ethnicity/Race:  African American  American Indian  Asian  Caucasian  Hispanic  Pacific Islander  Two or More Races  choose not to respond  
*Submission of this information is completely voluntary. Data collected is provided annually to the United States Olympic Committee to strengthen diversity among all Olympic sports.*

## MEMBER CLUB INFORMATION

\*Club Name \_\_\_\_\_ Club # \_\_\_\_\_  
 \*Club Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

## PROGRAM INFORMATION

Write the level(s) that apply on the line provided under the discipline

Women's Artistic Level/Xcel Division: \_\_\_\_\_ Men's Artistic Level/Xcel Division: \_\_\_\_\_ Rhythmic Level/Xcel Division: \_\_\_\_\_  
 Check box if a Trampoline & Tumbling gymnast  Check box if an Acrobatic Gymnast  Check box if a GfA Gymnast

## SAFE SPORT INFORMATION

Athlete safety and well-being are USA Gymnastics' highest priority, and the USA Gymnastics Safe Sport Policy is one of the most powerful tools the organization has for athlete protection

As the parents and guardians of a minor who is member of USA Gymnastics as an athlete or a junior professional/instructor, you need to be fully aware of the Safe Sport Policy, its mandates and member requirements, as well as understand the roles each of us have in athlete safety.

### 1. The Safe Sport Policy and what it means for your child.

The Safe Sport Policy requires mandatory reporting, defines different types of misconduct, sets standards to prohibit grooming behavior and prevent inappropriate interaction, and establishes greater accountability.

### 2. What is now required of your gym in protecting your child.

Your gym must have a policy consistent with the USA Gymnastics Safe Sport Policy and include, at a minimum, a description of conduct that will not be tolerated; Prevention Policies; and a process for receiving and handling complaints regarding conduct violations.

Additionally, a member club is not permitted to hire or associate with anyone on the USA Gymnastics List of Permanently Ineligible Members or a state sex-offender registry.

### 3. What you, as a parent or guardian, can do in protecting your child.

Accountability is key for USA Gymnastics' safe sport efforts to make a difference. It is appropriate and important for parents to ask essential child protection questions.

**Please ask** your gym about its policies and become familiar with the USA Gymnastics Safe Sport Policy's Prevention Policies to make certain the gym and its staff are complying.

**Please review** the Prevention Policies with your child so he/she understands the requirements in place at the gym and/or for his/her coach.

And lastly, **please talk** to your children about the categories of misconduct (including sexual, physical and verbal/emotional abuse, bullying, hazing and harassment) and the prohibited behavior addressed in the Prevention Policies. Let them know they are empowered, and encouraged, to speak up should any misconduct or prohibited behaviors be directed at them or others.

USA Gymnastics is committed to building a culture of empowerment that encourages our athletes to speak up, especially about difficult topics, and promotes a safe, positive training environment. We need you, along with the entire gymnastics community, to work with us to make gymnastics stronger, safer and more empowered.

### Make A Report

If child abuse is occurring, call 911 immediately. If you suspect or know of child abuse, call local police and child services. Then report it to the U.S. Center for SafeSport.

**To report sexual misconduct:** If you suspect or have knowledge of sexual misconduct, call 911 immediately. Then contact the U.S. Center for SafeSport immediately. Online: [safesport.org/report-a-concern](https://safesport.org/report-a-concern). By phone: 720.524.5640.

**To report non-sexual misconduct to USA Gymnastics:** Report all forms of non-sexual misconduct (physical misconduct; verbal/emotional misconduct; bullying; hazing; and harassment) to USA Gymnastics. Online: [usagym.org/safesport](https://usagym.org/safesport) Hotline: 833.844.SAFE (7233) Email: [safesport@usagym.org](mailto:safesport@usagym.org)

USA Gymnastics mandates that all members follow state and federal laws governing reporting of child abuse. If you are 18 years of age or older and are subject to USA Gymnastics Safe Sport policy, you are required to report all instances of possible child abuse or neglect to law enforcement and state child services.

Parent/Guardian initial here to acknowledge that you have received and read the information the above regarding understanding the USA Gymnastics' Safe Sport Policy.

## MEMBERSHIP AGREEMENT

This Membership Application expressly incorporates the Terms and Conditions for Individual Membership, available at [usagym.org/indterms](http://usagym.org/indterms). By applying for membership, I verify that:

- I have read, fully understand, and agree to the Terms and Conditions, including but not limited to the Waiver, Indemnity and Release contained therein;
- I acknowledge and agree that I will not be granted membership until I am in complete compliance with the Terms and Conditions, including but not limited to any applicable background check or Safe Sport Policy requirements; and
- I understand that the membership fee submitted with this application is non-refundable.

For Parents/Guardians of Minor Applicants (Under Age 18 at Time of Application)

I certify that I am the parent or legal guardian, with legal responsibility for the named applicant for membership. I understand that USA Gymnastics is relying on the representations and certifications I have made on behalf of my minor child. I agree to defend, indemnify and hold harmless USA Gymnastics from and against any and all claims, liabilities, damages, losses, costs and expenses (including, actual attorneys' fees and costs) arising out of or in connection with any misrepresentation made by me.

I hereby verify by my signature below that I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT and provide ACCEPTANCE OF ITS TERMS AND CONDITIONS.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Athlete Member Benefits

Athlete members receive a variety of benefits which include the membership card, the right to compete in USA Gymnastics sanctioned events, and secondary insurance coverage when participating in USA Gymnastics sanctioned competitions.

### Athlete Membership Payment Details

The athlete membership is valid for one competitive season, August 1, 2020 through July 31, 2021. The non-refundable/non-transferable membership fee is \$63.00.

**Return completed form and payment to:** USA Gymnastics, 130 E. Washington St. Ste. 700, Indianapolis, IN 46204, Attention: Member Services

**QUESTIONS?** Contact the Member Services Department at 800.345.4719 or [membership@usagym.org](mailto:membership@usagym.org) with any questions or concerns.

## PAYMENT INFORMATION

Credit Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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

Cardholder Phone \_\_\_\_\_ Email (for receipt) \_\_\_\_\_

**MEMBERSHIP FEE: \$63** - Make check payable to USA Gymnastics. If faxing/mailing the request form, please allow 2-3 weeks from the date the form is received for processing. Please return forms: 130 E Washington St., Ste. 700 • Indianapolis, IN 46204 or fax 317.692.5212 or register online - [www.usagym.org](http://www.usagym.org).

**Office Use Only**  
 Number \_\_\_\_\_  
 Rec'd Date \_\_\_\_\_  
 Payment Amt \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Email sent date \_\_\_\_\_  
 Approval \_\_\_\_\_  
 By \_\_\_\_\_ Other \_\_\_\_\_

Questions? Contact Member Services at 800.345.4719 or [membership@usagym.org](mailto:membership@usagym.org).

