



2020-2021 USA GYMNASTICS MEMBER CLUB APPLICATION

The Member Club Membership is intended for any business that provides day-to-day gymnastics instruction, with amateur athletes, as well as, registers/competes an athlete and/or team of athletes in any USA Gymnastics sanctioned event.

CLUB INFORMATION

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

Club Name _____ Abbreviated Club Name(s) _____

Club # (if known) _____ Club Web Address _____

Club Phone _____ ext: _____ Club Email _____ Club Fax _____

Club Mailing Address (No P.O. Box) _____ City _____ State _____ Zip _____

Club Physical Address _____ City _____ State _____ Zip _____

To the best of your knowledge what percentage of the individual participants in your club are; please note: submission of this information is completely voluntarily. Data collected is provided annually to the United States Olympic Committee (U.S.O.C.) to strengthen diversity among all Olympic sports.

African American _____% American Indian _____% Asian _____% Caucasian _____% Hispanic _____% Pacific Islander _____%
Two or More Races _____% choose not to respond

SAFETY CHAMPION

USA Gymnastics is seeking Safety Champions! This liaison from your club to USA Gymnastics will help facilitate the flow of information related to Safe Sport topics to staff, parents, and athletes of the club. This person can be a club owner, coach, or parent affiliated with your booster club. The Safety Champion must be an Instructor or Professional member affiliated with your Member Club.

Name: _____ Member Number: _____

MEMBERSHIP AGREEMENT

This Membership Application expressly incorporates the Terms and Conditions for Club Membership, available at usagym.org/clubterms. By applying for membership, I hereby verify, on behalf of the applicant club, that:

- I have the authority to apply for membership on behalf of the applicant club;
- I have read, fully understand, and agree to the Terms and Conditions, including but not limited to the Waiver, Limitation of Liability and Release contained therein, and USA Gymnastics' Safe Sport Policy;
- 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 for the club or myself as owner/managing director of the club;
- I acknowledge and agree to abide by USA Gymnastics' requirement that all employees, independent contractors, and volunteers over the age of 18 with routine access to and/or authority over minors must pass a background check and take the required Safe Sport training; and
- I understand that the membership fee submitted with this application is non-refundable.

Owner/Managing Director Name: _____ USA Gym. Member Number: _____

Owner/Managing Director Signature: _____

PAYMENT INFORMATION

\$225 Application Fee

Total Amount: _____
(Add \$25 for Rush Order)

Please make checks payable to USA Gymnastics, or please complete the following credit card information.

Credit Card _____ Card # _____ Exp. Date _____

Cardholder Billing Address (if different from above) _____

Signature _____ Print Cardholder Name _____

Email Address (for credit card receipt) _____ Phone _____

Return completed form and payment to: USA Gymnastics, 130 E. Washington St. Ste. 700, Indianapolis, IN 46204 or fax: 317.692.5212. Attention: Member Services

Normal processing time 3-4 weeks. **Rush Processing (5-7 business days) additional \$25.**

* No refunds or transfers.

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.