



2020-2021 USA GYMNASTICS UNIVERSITY APPLICATION

The University Organization Membership is intended for any higher education institution that registers and competes an athlete and/or a team of athletes in any USA Gymnastics sanctioned event. (i.e. NCATA, NCAA)

UNIVERSITY INFORMATION

Check all that apply: Womens Mens NCATA

University Name _____ Abbreviated University Name(s) _____

Member # (if known) _____ University Web Address _____

University Phone _____ ext: _____ University Email _____ University Fax _____

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

University 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

MEMBERSHIP AGREEMENT

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

- I have the authority to apply for membership on behalf of the applicant organization;
- 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 applicable to the organization, including but not limited to any applicable background check or Safe Sport Policy requirements for the organization or myself as the responsible individual of the organization;
- I acknowledge and agree to abide by USA Gymnastics' requirement that all full and part-time employees, independent contractors, and volunteers over the age of 18 with routine access to and/or authority over minor athletes 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.

Athletic Director/Head Coach: _____ USA Gym. Member Number: _____

Athletic Director/Head Coach Signature: _____

PAYMENT INFORMATION

\$160 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.