



T210 Trampoline & Tumbling Annual Update

Registration Form

This form applies to the T210 Trampoline & Tumbling Annual Update (Webinar)
Course available to individuals aged 14 and older
Form updated August 2016 (Must use most recent form)

Office Use Only

Number _____
Rec'd Date _____
Payment Amount _____
Check Number _____
Email sent date _____
Approval _____
By _____ Other _____

All registrations must be received at USA Gymnastics two (2) weeks prior to the course date. Late registrations, incomplete registrations, or registrations without proper payment will not be processed. REGISTRATION IS PROPERTY OF THE REGISTRANT AND CANNOT BE TRANSFERRED TO ANOTHER INDIVIDUAL.

Applicant Information

First name: _____ MI: _____ Last name: _____
Current USA Gymnastics membership # _____ Date of birth: _____ Male _____ Female _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Club name: _____ Club #: _____

Course/Membership fee:

- Current Member **\$10**
- Non-member + Instructor Membership **\$25**
- Non-member + Professional/Junior Professional Membership **\$99**

Sign me up as a new member: INSTRUCTOR JUNIOR PROFESSIONAL/PROFESSIONAL (18+ years are required to pass a NCSI background check.)

One discipline is required for Jr. Professional and Professional members. Please check all that apply. **Add \$15 for each additional discipline.**

- Women's Artistic Men's Artistic Acrobatic Group Rhythmic Trampoline & Tumbling

Applicant Disclosure Agreement — Signature is required for membership applicants

ATTENTION PROFESSIONAL & INSTRUCTOR MEMBERSHIP APPLICANTS: Requirements for Professional Membership with USA Gymnastics include Safety/Risk Management Certification and passed Background Check through the National Center for Safety Initiatives (NCSI) (18 years and older). Additionally, all members of USA Gymnastics are expected to display ethical conduct and comply with the USA Gymnastics Code of Ethics and all applicable criminal codes. If the above requirements of membership are not met, your membership will be placed in a pending status (not valid) and no benefits will be released. Once all requirements are met, your membership will be activated.

All persons under 18 years requesting Instructor or Jr. Professional membership must complete this disclosure statement.

If this disclosure is not signed, the application will not be processed.

Members of USA Gymnastics are expected to comply with all applicable criminal codes. This obligation is violated by any member who has been convicted of or has entered a plea of guilty or no contest to a criminal charge or indictment involving sexual misconduct, child abuse, or conduct that is a violation of a law specifically designed to protect minors, and, depending on the nature of the crime, may be violated by any member who has been convicted of or has entered a plea of guilty or no contest to any felony charge or indictment involving conduct other than that specifically described above.

1. Have you ever been convicted of or entered a plea of guilty or no contest criminal charge or indictment involving sexual misconduct, child abuse, or conduct that is a violation of a law specifically designed to protect minors? YES NO
2. Have you ever been convicted of or entered a plea of guilty or no contest to any other felony charge or felony indictment? YES NO
3. Have you ever been convicted of any lesser crime involving force or threat or force against a person? YES NO
4. Have you ever been convicted of a lesser crime in which sexual relations is an element? YES NO
5. Have you ever been convicted of a lesser crime involving controlled substances (not paraphernalia or alcohol)? YES NO
6. Have you ever been convicted of a lesser crime involving cruelty to animals? YES NO

I understand the responsibilities and benefits of USA Gymnastics Membership.

Signature: _____ **Date:** _____

Payment Information: Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Full Payment required for processing. Please print clearly, and double check credit card information for accuracy. Enclose check payable to USA GYMNASTICS or provide credit card information:

Card #: _____ Exp: ____/____
Cardholder Name (PRINT): _____ telephone #: _____
Cardholder Signature: _____
Cardholder Address, City, State, Zip: _____
Email address for receipt: _____

Payment Totals:

Registration fee: _____
Membership fee: _____
Late/Onsite fee: _____
I authorize a total charge in the amount of \$ _____