



USA Gymnastics University
W200: Development Coaches Course: Hands on Training (HOTD)
Group Registration Form

Visit www.USAGymnasticsUniversity.org for course schedule
Registrations **MUST** be received at least 2 weeks prior to course



This group registration form is provided as a convenience for clubs with multiple attendees.

W200: Development Coaches Course: Hands on Training (HOTD) Registration Form

This is a NEW live, six-hour, hands-on training course developed for pre team, level 1-3 coaches and even school age recreational coaches. Course topics include warm ups, conditioning, lesson planning, hands on spotting and lectures for all Olympic events. This is a great hands on experience of drills and skill progression with instructors demonstrating practical examples of coaching level 1-3 gymnastics.

The W200 Development Coaches Course: HOTD has been developed to:

- Enhance the status of beginning level competitive gymnastics programs throughout the United States.
- Establish requirements for certification which will help identify competent pre-team and competitive (Level 1-3) gymnastics coaches.
- Provide appropriate skills, drills and techniques for entry level competitive coaches.
- Help standardize pre-team and entry level competitive gymnastics teaching throughout the United States.
- Provide resources, instructional materials, and assistance at levels 1-3 coaching
- Provide hands on spotting on all four Olympic Events.

Registration Details: This form is for USA Gymnastics Club Group Registration ONLY

- Please provide a name, personal contact information, and valid personal email address for each registrant.
- Only current Instructor, Professional, Jr. Professional and Athlete (14 years 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 Profile" page of usagym.org in 2-3 weeks.
- \$70 for USA Gymnastics Members (**SAVE \$5 by registering online**) Professional, Jr. Professional, Instructor and Athlete (age 14 or older)

Club Information: Please print. All fields required.

Club Name _____ (If Applicable)
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)

Card # _____ Exp. _____

Print Cardholder Name _____

Email for payment receipt _____

Payor Address, City, State, Zip: _____

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 8/1/2015—7/31/2016

Payment totals—

Total Registrants: _____

Total payment authorized/enclosed:

\$ _____

Office Use Only

Postmarked _____

Payment _____

Check # _____

Auth _____ Date _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____
Individual Address _____
City _____ State _____ Zip _____ Phone _____
Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____
Individual Address _____
City _____ State _____ Zip _____ Phone _____
Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____
Individual Address _____
City _____ State _____ Zip _____ Phone _____
Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____
Individual Address _____
City _____ State _____ Zip _____ Phone _____
Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

Name _____ D.O.B. _____ (if applicable) USA Gymnastics Membership # _____
Individual Address _____
City _____ State _____ Zip _____ Phone _____
Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

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

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

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

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

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

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

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

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

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

Member Registration Fee \$70 **Non Member Registration Fee \$85**

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

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____