



# 2023/2024 USA GYMNASTICS ADDITION/CHANGE OF MEET DIRECTOR

All fields are REQUIRED

## MEET DETAILS

Sanction Number: \_\_\_\_\_

Sanction Name: \_\_\_\_\_

Sanction Address: \_\_\_\_\_

## EVENT DIRECTOR & CLUB/ORGANIZATION DETAILS

Current Event Director's Name: \_\_\_\_\_

Current Event Director's Member Number: \_\_\_\_\_

Current Event Director's Club/Organization Name: \_\_\_\_\_

Current Event Director's Club/Organization Number: \_\_\_\_\_

☐ I'd like to change the Event Director of this sanction.

☐ I'd like to add the following individual as an additional Event Director of this sanction.

New Event Director's Name: \_\_\_\_\_

New Event Director's Member Number: \_\_\_\_\_

New Event Director's Club/Organization Name: \_\_\_\_\_

New Event Director's Club/Organization Number: \_\_\_\_\_

By checking below, I represent, warrant and agree that: (1) I am an Event Director member in good standing with USA Gymnastics ("USAG"); (2) I fully understand the USAG rules and policies; (3) the event will be conducted in accordance with applicable USAG rules and policies; (4) the event will be conducted in accordance with all applicable USAG policies, including its Safety and Response policy, and all federal, state, and local laws, ordinances, regulations, orders and mandates; (5) I fully assume responsibility and liability for this event and agree to release USA Gymnastics from and indemnify USA Gymnastics for any claims, losses, or damages of any kind arising from or related to this event that exceed insurance limits under the policy; (6) I will verify that all athletes, coaches, and judges are registered USAG members in good standing; (7) no persons ineligible for, or suspended from, membership in USA Gymnastics will participate in or receive credentials for this event in any way (lists of such excluded persons are on USAG's and the Center's websites); (8) I understand there may be fines and penalties for any violations of USAG rules and policies; and (9) I understand that any violation of certifications and/or any failure to adhere to the approved dates and/or times may include the loss of sanctioning privileges.

Signature of New/Additional Event Director \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to [membership@usagym.org](mailto:membership@usagym.org).

## QUESTIONS?

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

### Office Use Only

Number \_\_\_\_\_

Rec'd Date \_\_\_\_\_

Payment Amt \_\_\_\_\_

Check No. \_\_\_\_\_

Email sent date \_\_\_\_\_

Approval \_\_\_\_\_

By \_\_\_\_\_ Other \_\_\_\_\_