



# 2023/2024 USA GYMNASTICS CHANGE OF CLUB OWNER/CLUB INFORMATION

## 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 Fax \_\_\_\_\_

Club Email \_\_\_\_\_

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

☐ I would like to change the Club Owner/Managing Director of this club.

☐ I would like to add an additional Club Owner/Managing Director of this club.

☐ I would like to change the club name or address.

## MEMBER CLUB MEMBERSHIP AGREEMENT

This membership application expressly incorporates the [Terms and Conditions for Club Membership](#). 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 Safety and Response Policy](#) (formerly known as the 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 [USA Gymnastics Safety and Response Policy](#) requirements for the club or myself as owner/managing director of the club; and
- I understand that the membership fee submitted with this application is non-refundable and non-transferable.

I, on behalf of the applicant club and in my individual capacity personally affix my signature below and attest to the truthfulness, completeness and accuracy of all statements and information provided in this membership application under penalty of perjury under the laws of the state in which I am a resident.

Owner/Managing Director Name: \_\_\_\_\_ USA Gym. Member Number: \_\_\_\_\_

*\* New owner/managing director if you are changing or adding*

Owner/Managing Director Signature: \_\_\_\_\_

*\* New owner/managing director if you are changing or adding*

### 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](mailto:membership@usagym.org).