



2024 ATHLETE MEMBERSHIP APPLICATION

\$140 (\$80/60)

Membership will expire December 31, 2024.

PARENT/GUARDIAN INFORMATION

All fields marked * are REQUIRED.

Parent/Guardian: *Legal First Name _____ MI _____ *Last Name _____
Parent/Guardian: Preferred First Name _____ *Gender: _____ *Date of Birth _____
*Mailing Address _____ *City _____ *State _____ *Zip _____
*Email _____ *Phone _____

ATHLETE INFORMATION

Athlete: *Legal First Name _____ MI _____ *Last Name _____
Athlete: Preferred First Name _____ *Gender: _____ *Date of Birth _____
Preferred Name will be provided to meet directors in place of legal first name for use at competitions.
*Mailing Address _____ *City _____ *State _____ *Zip _____
If same as parent/guardian write SAME.
*Email _____ *Phone _____
Member No. (if known) _____ *Citizen: Yes No, please provide name of country of citizenship _____
Ethnicity/Race: African American American Indian Asian Caucasian Hispanic Pacific Islander Two or More Races choose not to respond
Submission of this information is completely voluntary. Data collected is provided annually to the United States Olympic Committee to strengthen diversity among all Olympic sports.

MEMBER CLUB INFORMATION

*Club Name _____ Club # _____
*Club Address _____ *City _____ *State _____ *Zip _____

PROGRAM INFORMATION

Please initial the level(s) box provided next to the discipline:

- | | |
|----------------------|-----------------------------------|
| Children 8-10 | Junior mix group |
| Children 10-12 | Senior mix group |
| Children 12-14 | Juniors short |
| Children short 8-10 | Senior short |
| Children short 10-12 | Junior short National Team |
| Children short 12-14 | Senior short National Team |
| Children mix 8-10 | Junior National Team |
| Children mix 10-12 | Senior National Team |
| Children mix 12-14 | |



MEMBERSHIP AGREEMENT

This Membership Application expressly incorporates the Terms and Conditions for Individual Membership, available at aggusafederation.com/membership By applying for membership, I verify that:

- I understand that the membership fee submitted with this application is non-refundable.

For Parents/Guardians of Minor Applicants (Under Age 18 at Time of Application)

I certify that I am the parent or legal guardian, with legal responsibility for the named applicant for membership. I understand that USA Gymnastics is relying on the representations and certifications I have made on behalf of my minor child. I agree to defend, indemnify and hold harmless USA Gymnastics from and against any and all claims, liabilities, damages, losses, costs and expenses (including, actual attorneys' fees and costs) arising out of or in connection with any misrepresentation made by me.

I hereby verify by my signature below that I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT and provide ACCEPTANCE OF ITS TERMS AND CONDITIONS.

*Signature: _____ Date: _____

Athlete Member Benefits

Athlete members receive a variety of benefits which include the membership card, the right to compete in USA sanctioned events as well as events outside of the USA.

Athlete Membership Payment Details

The athlete membership is valid for one competitive season, January 1, 2024 through December 31, 2024.

The non-refundable/non-transferable membership fee is \$140.00. It may be split into two installments, with \$80 due February 26th and \$60 due May 15th.

Return completed form, payment, and signed Code of Conduct Form to:

Attention: Member Services AGGUSA12757 OR aggusafederationoffice@yahoo.com
Seabreeze Farms Dr #9, San Diego, CA 92130

If paying by Zelle:

PAYMENT INFORMATION; \$140 (\$80/60) Non-refundable yearly fee by check or Zelle.



If you are sending your payment via Zelle, please include the name of the Club and name of Gymnast and "Membership Payment".

Example: "Membership Payment: Last Name, First Name, XYZ Club"

Send the Zelle payment to aggfederationoffice@yahoo.com

MEMBERSHIP FEE: \$140 (\$80/\$60) - Make check payable to AGG USA Aesthetic Group Gymnastics.

Send payment to: AGGUSA - Member Services, 12757 Seabreeze Farms Dr #9, San Diego, CA 92130 OR send payment via Zelle to aggusafederationoffice@yahoo.com INCLUDING YOUR NAME AND CLUB

Office Use Only

Number _____

Rec'd Date _____

Payment Amt _____

Check No. _____

Email sent date _____

Approval _____

By _____ Other _____

Questions? Contact Member Services at 239.287.1460 or email: aggusafederationoffice@yahoo.com

