



# 2023 ATHLETE MEMBERSHIP APPLICATION

\$150

*This application is for first-time minor athlete members only.*

**Membership will expire December 31, 2023.**

## 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 <b>National Team</b>
Children short 12-14	Senior short <b>National Team</b>
Children mix 8-10	Junior <b>National Team</b>
Children mix 10-12	Senior <b>National Team</b>
Children mix 12-14	



## MEMBERSHIP AGREEMENT

This Membership Application expressly incorporates the Terms and Conditions for Individual Membership, available at [aggusafederation.com/membership](http://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, 2023 through December 31, 2023.

The non-refundable/non-transferable membership fee is \$150.00.

### Return completed form and payment to:

Attention: Member Services AGGUSA

12757 Seabreeze Farms Dr #9, San Diego, CA 92130

If paying by PayPal or Credit Card, please email us a form after completions. ([aggusafederation@yahoo.com](mailto:aggusafederation@yahoo.com)) Thank you!

## PAYMENT INFORMATION; \$150 Non-refundable yearly fee by check or PayPal.



**MEMBERSHIP FEE: \$150** - Make check payable to AGG USA Aesthetic Group Gymnastics.

Send payment to: AGGUSA - Member Services, 12757 Seabreeze Farms Dr #9, San Diego, CA 92130

### 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: [aggusafederation@yahoo.com](mailto:aggusafederation@yahoo.com)

