



Dear Optional Level Parents and Athletes,

The staff and coaches of Twister Gymnastics are very excited about the upcoming school year and a new competitive season. We are proud at Twisters to not only have a great coaching staff, but also to have **TWO** of the highest rated judges in the state of Florida on our staff. We will all be working together to ensure each athlete is successful, while always respecting their individual talents and abilities.

**The Twister team handbook** along with the attached **2010-2011 School Year Training Packet** are designed to educate families about the Twister team program and to help prepare everyone for the upcoming season. We will notify parents when the full competition schedule and fees are posted online. Please read all the information carefully and let Gary Anderson, competitive team coordinator, know if you have any questions or concerns. In order to communicate efficiently and effectively, it is best to e-mail, since reaching parents and coaches by phone can be difficult at times and e-mail is less intrusive.

**The attached 2010-2011 Fall training packet contains the following: (PLEASE RETURN ALL FORMS BY THE DUE DATE LISTED BELOW!)**

1. **School year workout schedule selection and tuition** (*return to office 8/4-THIS IS A CRITICAL DEADLINE SO WE CAN CREATE A SUCCESSFUL STAFF SCHEDULE*)
2. **How to exit the team program**
3. **Parent/Athlete contract** (must be returned to office by 8/25)
4. **Team credit card authorization form** (must be returned to office by 8/25)
5. **Team registration form** (must be returned to office by 8/25)
6. **Team medical release form** (must be returned to office by 8/25)
7. **USAG Signed Athlete Membership Form** (returned TWISTERS by 8/25-DO NOT SEND TO USAG)

To leave a message for a coach, please call the gym:

**BOCA RATON LOCATION: 561-750-6001**

**COCONUT CREEK LOCATION: 954-725-9199**

If you have any questions, need further clarification or wish to express any concerns, please contact Gary Anderson via email at [MrMvt@aol.com](mailto:MrMvt@aol.com). For tuition or account questions, please contact Debbie Madiou at [DebMadiou@aol.com](mailto:DebMadiou@aol.com).

Thank you for your support of the program and for the privilege of working with such wonderful athletes!

Sincerely,

Team Twisters

## School Year 2010-2011 OPTIONAL LEVELS TRAINING SCHEDULE

THIS FORM MUST BE TURNED INTO THE OFFICE BY WED, 8/4 - Schedule Begins Monday, August 23rd

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

Total Hours: \_\_\_\_\_

Tuition: \$ \_\_\_\_\_

Assigned Training Schedule							* AM Workouts (Circle additional hours & total)			
Category & Minimum Hrs	Mon	Tue	Wed	Thur	Fri	Sat	Sub Total	Mon	Wed	Total Hours
High Intensity <i>Recommended for success at Lv 8 &amp; above</i>	3:00-7:30 or 3:30-8:00  4.5	3:00-7:30 or 3:30-8:00  4.5	3:00-7:30 or 3:30-8:00  4.5	3:00-7:30 or 3:30-8:00  4.5	3:30-7:00  3.5	9:00-1:30  4.5	26	Mon 9:00-11:30  2.5	Wed 9:00-11:30  2.5	
Medium Intensity <i>Recommended for success at Lv 7 or below</i>	4:00-8:00  4	4:00-8:00  4	4:00-8:00 <i>Choose Wed or Thurs</i>  4	4:00-8:00  4	4:30-8:30  4	12:00-4:30  4.5	20.5	Mon 9:00-11:30  2.5	Wed 9:00-11:30  2.5	
Low Intensity <i>Recommended for success at Lv 5,6 or Prep Op</i>	4:30-8:30  4	Off	4:30-8:30  4	4:30-8:30  4	Off	1:00-5:00  4	16	Mon 9:00-11:30  2.5	Wed 9:00-11:30  2.5	

Hrs/wk	Monthly Tuition	Approx cost per hour
16	415	6.48
18.5	425	5.90
20-21	435	5.30
22-23	445	4.94
23.5-24.5	460	4.80
25-26	475	4.65
28.5	520	4.56
31	530	4.27

Step-by-Step Training & Tuition Selection
<ol style="list-style-type: none"> <li>1. Identify the "Intensity" training group best suited for your child</li> <li>2. Circle "AM Workouts" as an option (not required - see note below)</li> <li>3. Total the hrs, compute monthly tuition using the chart and write on the top of this page</li> <li>4. Turn this form into the office by <b>8/4</b>.</li> <li>5. School Year (Fall) Schedule begins Monday, <b>8/23</b>.</li> </ol>

\* Note: AM Workouts are designed to emphasize increasing strength & flexibility, offer dance and preparation for difficult skills.

# Exiting the Team Program

## My child came home from practice and said “I want to quit!”..... Now what?

Children have a variety of reasons for wanting to quit an activity in which they are involved. Sometimes quitting may be the right choice. Other times “sticking it out” may be the right option. Unfortunately, it’s not always immediately obvious which choice is best for your child. The first step is to determine your child’s reason for wanting to quit.

A lot of times wanting to quit is merely a symptom of a problem that your child is having at the gym. Ask your child to name three reasons why she wants to quit. Below are some answers you may hear and some suggestions on how to respond.

1. I am afraid of a trick
  - Ask questions to identify the source of the fear. (It could be seeing another gymnast fall, fear of injury.. etc)
  - Ask your child if they would still want to do gymnastics if they no longer had to practice the skill. His/her answer will give you insight into their true feelings towards quitting.
2. My friends moved up to the next level (or are in a different group than me), I’m not as good as them
  - Explain to your child that it takes time and practice to become a good gymnast and that everyone progresses at different rates.
  - Ask your child what he or she loves about gymnastics. If he/she is able to identify several positive feelings towards the sport, they should be able to work past being separated from their friends
3. I am not having fun anymore
  - Often kids want to try gymnastics because they enjoy watching it on TV and enjoy flipping around with friends at the park. Once they begin competitive gymnastics, they may find that it is harder than they thought it would be.
  - They may find that the stretching and the conditioning that it takes to become a great gymnast is not worth it.
  - Ask your child if there is a particular part of gymnastics that is still fun for them.
4. Gymnastics takes up too much time/I want to try other sports
  - Gymnastics isn’t for everyone. Some kids prefer team sports such as baseball, soccer, or softball. Others prefer individual sports such as golf, swimming or tennis.
  - Analyze your child’s strengths and weaknesses, the things your child enjoys or avoids. You may have done gymnastics all through your childhood, but if your child is drawn to another sport, open your heart and mind to support the sport that your child chooses.
  - Many children are under the misconception that if they quit gymnastics they will have extra time to hang out at the mall, play on the computer, or talk on the phone. Address some of these issues so he/she is not surprised that during the time that used to be spent at gymnastics is now spent doing other productive activities such as cleaning the house or helping to prepare dinner!

Email our head coach Gary Anderson and let him know about your child’s fears and/or feelings. Many times these feelings can be resolved easily with no further complications. Once you make the coaches aware of the situation they may be able to control the training and environment more to the athletes liking and renewed enjoyment of the sport.

After a brief adjustment period, if the child still wants to quit, it is time to make an agreement that he/she must continue to do his/her best for a set amount of time (i.e. finish the season). At the end of that time period, your child will then be able to make a better decision about quitting (or retiring.) If the decision is made to retire, make sure that you and your child have an action plan of what activity they will take up next. It is also a good requirement for them to bring closure to the situation and not to “burn bridges.” There have been hundreds of cases in the American Twister organization where the child has “quit” and then two months later desires to come back. Set up a meeting with parent, child and coach to go over this decision and leave the organization on good terms.

**TEAM TWISTERS PARENT AND ATHLETE CONTRACT**

Contract Date \_\_\_\_\_

I/we have read and accept the Twisters Gymnastics team information and policies included in the attached manual. I/we agree to support team activities as outlined, and fulfill all obligations thereof.

\_\_\_\_\_ has my/our consent and permission to participate in the Twisters program at Level \_\_\_\_\_ for the \_\_\_\_\_ season. As stated on the registration form, I/we release Twisters, its staff and directors from any and all responsibility and/or liability in case of accident or injury to the above named child. As with any activity involving height and motion, I/we are aware of the risk or serious injury, paralysis, or even death resulting from participation in gymnastic activities.

As the coaching and administrative staff has made a professional commitment to the gymnast, the gymnast and her family also commit themselves to the completion of the entire season through the State Competition or May 31, 2010 - whichever is applicable to the level of the gymnast. Upon signing, the gymnast and family are also financially responsible for team leotards and warm-ups, as well as all monetary obligations the athlete accrues.

Gymnast \_\_\_\_\_ Parent \_\_\_\_\_

Twisters Team Coordinator \_\_\_\_\_

Please return the signed contract to the front office, where it will be added to the gymnast's file. A copy will be furnished to the Parent upon request.

# Team Twisters

## Credit Card Authorization

It is **mandatory** that each team member fill out the form below and return to the office. If you have any questions, please feel free to call the Office Manager. This form will be updated annually. Thank you.

Athlete Name(s) \_\_\_\_\_

Total Monthly Tuition Charge(s) \$ \_\_\_\_\_

Optional Level(s) Annual Team Registration Fee: \$165 (Circle one)

- Please charge this fee to my card on file
- Or
- I will provide alternate payment for this fee to the front office by 9/15/10

### Team Credit Card Authorization:

I, \_\_\_\_\_, hereby authorize Twister Gymnastics to charge my credit card below for my child/children's monthly tuition for Twister Gymnastics competitive team. I understand that all fees are due on or before the due date(s) and Twister Gymnastics will charge my card for the total balance. Any dispute arising from these charges will be directed towards the Office Manager.

Credit Card Type: \_\_\_\_\_ #: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone \_\_\_\_\_

Athlete Name(s) \_\_\_\_\_

Total Monthly Tuition Charge(s) \$ \_\_\_\_\_

## **Team Twisters Registration Form**

Gymnast's Name: \_\_\_\_\_ LEVEL \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_ \*Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please answer the following questions:**

Do you have accidental medical insurance? \_\_\_\_\_

Has your son/daughter had any operations during the past two years? \_\_\_\_\_

If yes, indicate the anatomical site of operation and date: \_\_\_\_\_

Is your son/daughter currently on prescribed medications or drugs on a permanent or semi-permanent basis?

\_\_\_\_\_ If so, indicate name of drug and how it is prescribed: \_\_\_\_\_

Is your son/daughter allergic to any general medications? \_\_\_\_\_

If so, what medications: \_\_\_\_\_

If so needed, your son/daughter can take \_\_\_\_\_ Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Aleve

Date of the most recent tetanus immunization: \_\_\_\_\_

Has your son/daughter had any fractures during the past two years? \_\_\_\_\_

If yes, indicate the sight of fracture and date: \_\_\_\_\_

Has your son/daughter ever had an injury to his/her back? \_\_\_\_\_

Has your son/daughter ever experienced a strain to either knee during the past two years with severe swelling accompanying the injury? \_\_\_\_\_

Does your son/daughter have weak ankles and/or ever sprained an ankle? \_\_\_\_\_

*I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in gymnastics. I further agree that Twister Gymnastics & American Twisters, along with their employees, agents, officers, and directors shall not be liable for any losses or damages occurring as a result of my participation. I also understand that Twister Gymnastics retains the right to use any photographs, videotapes, motion picture recordings, or any other record of events for publicity, advertising, or any other legitimate purpose. I have read and understand this acknowledgement of risk and waiver of liability and I have read and understand the Twister Team Handbook. I voluntarily affix my name in agreement.*

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please make sure to fill this form out completely. Include any and all email addresses—this is critical for important Team communication.*

**MEDICAL TREATMENT RELEASE FORM**

Every year each team member must have an updated "Medical Treatment Release Form" filled out and notarized. These forms allow coaches, instructors, and staff members to authorize ANY medical emergency treatment. Please return your form to the office before the first meet of the season.

I, \_\_\_\_\_, do hereby grant permission for my child, \_\_\_\_\_, to travel and participate in competitions, exhibitions, practices, tours, and/or activities with Twister Gymnastics & American Twisters, coaches, their staff, and assistants. I not only grant permission for, but also encourage ANY necessary emergency medical treatment that may be required due to injury during these activities.

I, \_\_\_\_\_, am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in a gymnastics event. I further agree that Twister Gymnastics & American Twisters, along with the employees, agents, officer, and directors of these organizations shall not be liable for any losses or damages occurring as a result of my participation in the event.

Gymnast's Name: \_\_\_\_\_

Gymnast's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the athlete is under the age of 18:

As the legal parent and/or guardian for \_\_\_\_\_ I do hereby verify that I fully understand and accept each of the above conditions for permitting my child to participate in gymnastics.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ to me well known and known to me to be the person described in and who executed the foregoing instrument and acknowledged to and before me that \_\_\_\_\_ executed said instrument for the purpose therein expressed.

\_\_\_\_\_ day of \_\_\_\_\_ WITNESS my hand and official seal, this  
\_\_\_\_\_ A.D., 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public  
State of Florida  
My commission expires \_\_\_\_\_



# 2010/2011 ATHLETE MEMBERSHIP APPLICATION

\$54

Form valid August 1, 2010-July 31, 2011.

Register or renew at [www.usa-gymnastics.org](http://www.usa-gymnastics.org) to receive a \$5 discount.

## ATHLETE MEMBERSHIP INFORMATION

NEW ATHLETE REGISTRATION     PREVIOUS ATHLETE MEMBER NO. \_\_\_\_\_ *All fields marked \* are REQUIRED*

Please Email me my membership number and password

\*First Name \_\_\_\_\_ MI \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Sex: \_\_\_\_\_ \*Citizen:  Yes  No

\*Mailing Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

## CLUB INFORMATION

Club Name \_\_\_\_\_ State \_\_\_\_\_ Club No. \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

## PROGRAM INFORMATION *Required – Write the level(s) that apply on the line provided under the discipline*

Women's Artistic Level _____	Men's Artistic Level _____	Acrobatic Level _____	Rhythmic Level _____	Trampoline/Tumbling Level _____	Group/GymFest/TeamGym Level _____
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## ATHLETE MEMBERSHIP AGREEMENT

**Signature is required for acceptance of membership**

In consideration of my membership in the United States Gymnastics Federation (USA Gymnastics), and my participation in USA Gymnastics sanctioned events, I agree to be bound by each of the following:

**1. Readiness to Compete:** I will only participate in those USA Gymnastics competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in USA Gymnastics events, I will have practiced my exercises, and will perform only those exercises which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.

**2. Medical Attention:** I hereby give my consent to USA Gymnastics and the Host Organization of any USA Gymnastics sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in USA Gymnastics sanctioned events.

**3. Waiver and Release:** I am fully aware of and appreciate the risks, including the risk of

catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USA Gymnastics, the Host Organization, and sponsor(s) of any USA Gymnastics sanctioned event, along with the employees, officers and directors of these organizations (collectively the "Released Parties"), from any claims, losses or damages arising from or in any way connected with my participation in the event, including claims, losses or damages arising from or occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

**4. Online Member Search:** I understand that the information provided will be listed on the USA Gymnastics online search: Athlete name, Athlete member number, Date of birth, Club number, and State. This information will be password protected and USA Gymnastics will use its best efforts to limit access to professional members of USA Gymnastics and club owners. USA Gymnastics does NOT release individual members' information to third parties.

Signature of Gymnast \_\_\_\_\_ Date \_\_\_\_\_ Primary Medical Insurance Carrier \_\_\_\_\_

**\* Required for any athlete who is not yet 18 years old:** As parent or legal guardian of this athlete, I hereby verify by my signature below, that I fully understand and accept each of the conditions listed in the Athlete Membership Agreement for permitting my child to participate in any USA Gymnastics sanctioned event. I release the Released Parties from any claims, losses or damages arising from or in any way connected with my child's participation in the event, including losses or damages occurring as a result of the negligence of any one of the Released Parties, but not including claims, losses or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties. Whenever possible, USA Gymnastics suggests both parents/guardians be required to sign below, and the parent/guardian(s) should keep a copy of this form.

\*Signature of Parent/Guardian: \_\_\_\_\_ in the state of \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Signature of Parent/Guardian: \_\_\_\_\_ in the state of \_\_\_\_\_ \*Date: \_\_\_\_\_

**Club Representative Signature** – I have checked this form and verify that all sections have been successfully completed and to the best of my knowledge are correct. I understand that failure to complete any section will result in delayed processing of this form. I have a copy, or original (if processed online), of this form on file at my club.

\*Signature of Club Representative: \_\_\_\_\_ \*Date: \_\_\_\_\_

**NOTE:** Normal processing time is 3-4 weeks from the date of receipt in our office. Please do not fax any form more than once. Duplicate faxes may result in duplicate charges to your credit card. When faxing groups of applications, please use a fax cover sheet indicating the total number of applications submitted. RUSH processing is an additional \$25 and guarantees membership number availability in our database and/or online membership search. If RUSH processing, your membership will be available within three business days of receipt in our office. Same day turnaround on RUSH processing requests cannot be guaranteed. Max RUSH fee for groups of 5-20 is \$100, 4-6 weeks card delivery.

## PAYMENT INFORMATION

VISA     Other \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder Phone \_\_\_\_\_ Email (for receipt) \_\_\_\_\_

### PAYMENT TOTALS

Make checks payable to USA Gymnastics

Membership Fee: **\$54**

RUSH Fee: \$ \_\_\_\_\_

Donation Total: \$ \_\_\_\_\_

TOTAL PAYMENT \$ \_\_\_\_\_

Memberships are NON-REFUNDABLE and NON-TRANSFERABLE. Athlete Membership registration fee is \$54 when submitting form via fax or mail. Full Payment required for processing. Please print clearly, and double check credit card information for accuracy.

Return completed form and payment to: USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204 or by fax: 317.692.5212 Attention: Member Services

### Office Use Only

Number \_\_\_\_\_

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

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

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

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

Approval \_\_\_\_\_

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

# 2010/2011 ATHLETE MEMBERSHIP APPLICATION

## A NOTE TO PARENTS/GUARDIANS

1. Athlete Membership registration is available only through your club. A representative of your club must complete the application process. USA Gymnastics CANNOT accept Athlete Membership applications via telephone.
2. Athlete Membership registration dues function as an insurance premium for Secondary Accident Insurance at USA Gymnastics sanctioned events. Dues will not be pro-rated for late-season or delayed registration. See Benefits section for additional insurance information.
3. Athlete Membership is NON-refundable and NON-transferrable.
4. You can find additional membership information at USA Gymnastics online: [www.usa-gymnastics.org](http://www.usa-gymnastics.org).
5. Ensure your club provides you with a copy of the completed application form.

## A NOTE TO CLUBS

1. Online registration is available only through your club. A representative of your club must complete this process. A copy of the original application must be kept on file at your club.
2. Membership cards are available to print online.
3. Allow a minimum of 6 weeks in advance of your first competition of the season for processing of your Athlete Member applications. Normal processing time is 3-4 weeks from the date of receipt in our office.
4. Athlete Memberships may NOT be registered by telephone since the signed Athlete Membership Agreement must be on file at the club and/or USA Gymnastics for membership to be valid.
5. If any required section of this form is not complete, the membership will be put into a pending status, and no membership benefits will be available until all requirements are fulfilled.
6. Ensure that a copy of the completed application is provided to the parent and/or legal guardian.

### SHOW YOUR SUPPORT!

Your tax-deductible donations support USA Olympic Athletes, National Team Members, Collegiate Athletes, and USA Gymnastics Grassroots Programs. To learn more visit [www.usa-gymnastics.org](http://www.usa-gymnastics.org)

## USA GYMNASTICS ATHLETE MEMBERSHIP BENEFITS

Athlete Membership is required prior to any gymnast taking part in a USA Gymnastics sanctioned event. Athlete Membership includes the following benefits:

1. Right to participate in any USA Gymnastics sanctioned event for which the athlete is qualified.
2. Athlete Membership card showing proof of membership and a USA Gymnastics decal. This card also entitles you to a 5% discount on apparel and novelty items purchased through the USA Gymnastics Merchandise Department ONLY when you include your Athlete Membership number with your order.
3. A subscription to *USA Gymnastics* magazine. PLEASE NOTE: The magazine is published six times per year: Jan/Feb, Mar/Apr, May/June, July/Aug, Sept/Oct, and Nov/Dec. You will receive only those issues that are processed for mailing on or after your membership processing date through July 31, 2011. Our Athlete Membership season runs from August 1 to July 31. For example, if your Athlete Membership application is received in our office after August 1, you may NOT receive the Sept/Oct issue of the magazine.  
  
If you were a registered athlete during the 2009/2010 season, we must receive your membership renewal application no later than August 1, 2010 to ensure that you do not miss out on any issues of the magazine. Please keep us informed of any address changes as the U.S. Postal Service does NOT forward *USA Gymnastics Magazine*.
4. Insurance coverage of up to \$50,000 Secondary Accident Insurance (subject to deductible) if the following conditions are met:
  - A. Injury must occur during a USA Gymnastics sanctioned event.
  - B. Accident report must be filed by the coach, trainer, or other attendant immediately following any injury preventing the gymnast from full activity for 24 hours or more, regardless of whether immediate medical attention is given. (Meet Directors have accident report forms available at all sanctioned events).
  - C. The gymnast's club MUST have a fully signed Athlete Membership Application form (i.e. a copy of THIS form) on file at the club.
5. Athletes 15 years of age and older may attend clinics, congress, and educational courses for the member discount price.



USA Gymnastics University is a collection of educational resources, online and live courses, and a professional certification program. The certification program will aim to organize the educational resources of USA Gymnastics University and provide a means to achieve logical progressions of professional development, a well-rounded knowledge base, and recognition of education and experience levels. Some of the core certification courses are available now and will apply for certification credit when the program becomes available. For more information visit [www.usa-gymnastics.org](http://www.usa-gymnastics.org)

\*\*\* CLUBS: SAVE \$5 WHEN YOU REGISTER ATHLETES ONLINE \*\*\*

## FOR IN-HOUSE PROCESSING, PLEASE SEND COMPLETED APPLICATION FORM AND PAYMENT

Via **MAIL**  
USA Gymnastics Member Services  
132 E Washington St., Ste 700  
Indianapolis, IN 46204

Via **FAX** (*credit card orders*)  
317-692-5212  
*Please do not fax forms more than once*

Did you know that as a member of USA Gymnastics, a portion of your membership fee helps support our National Team, USA Olympic Athletes, Collegiate Athletes and Grassroots programs?

Show your support!

Become a member today!

Learn more at [www.usa-gymnastics.org](http://www.usa-gymnastics.org).

**For questions or concerns, contact USA Gymnastics Member Services Department at (800) 345-4719 or [membership@usa-gymnastics.org](mailto:membership@usa-gymnastics.org)**

