U101: Safety & Risk Management Course
Club Group Registration Form

This form applies to the LIVE Safety and Risk Management course ONLY

Course available to individuals aged 14 and older

Course schedules are updated weekly at www.USAGymnasticsUniversity.org

Form updated August 2016 *(Must use most updated form)*

Office Use Only

Postmarked_____

Payment_____

Check #_____

Auth_____ Date_____

U101: Safety & Risk Management Course Club Group Registration Form

The primary goal of this course is to increase safety and risk management awareness. The course has been designed for a variety of audiences - gymnastics coaches, teachers, instructors, club owners, meet directors, judges, athletes and others. The course addresses the two basic areas of risk in gymnastics - risk of injury, which is the primary risk, and risk of a lawsuit. Education, preparation, and vigilance are the primary tools gymnastics professionals need to deal with risk and uncertainty in the sport of gymnastics.

- U101 Safety/Risk Management Certification is required for all Professional Members and Junior Professional Members of USA Gymnastics.
- Re-certifying members can take the course up to **one year prior to expiration**. New expiration date will be July 31, four years from your expiring year.
- Course participants will receive a copy of Gymnastics Risk Management handbook at the course.
- The live course includes an open book exam. Exams must be passed with 75% or better score.
- Late and onsite registrants will receive a Safety Certification Course Attendance Verification form which verifies certification. These are valid for 60 days. Please keep your verification form with you to present at USA Gymnastics' sanctioned events.

Registration Details: **This form is for USA Gymnastics Club Group Registration ONLY**

- Please provide a name, personal contact information, and valid personal email address for each registrant
- Only current Instructor, Professional, Jr. Professional and Athlete (14 years and older) members will receive University credit and a certificate for the completion of the course. Certificates can be obtained after the course on "My Profile" page of usagym.org in 2-3 weeks.
- $5 for Professional Members with current U101 Safety/Risk Management Certification wishing to re-certify at a face to face (Live) course. This can be done up to one year prior to expiration.
- $70 for USA Gymnastics Members **(SAVE $5 by registering online)** Professional, Jr. Professional, Instructor and Athlete (age 14 or older)
- **Instructor memberships can be purchased for $15.**

Club Information: **Please print. All fields required.**

Club Name_____ (If Applicable) USA Gymnastics Member Club # _____

Club Contact Name _____

Contact Email Address_____ Phone #_____

Course Information

Course date _____ **Course City** _____ **Course State** _____

Card # _____Exp._____

Print Cardholder Name _____

Cardholder Signature _____

Email for payment receipt _____

Payor Address, City, State, Zip:_____

PAYMENT TOTALS

Total Registrants:

_____

Total payment authorized/enclosed:

$_____

Return completed form and payment to:

USA Gymnastics, 132 E. Washington St. Ste. 700, Indianapolis, IN 46204 or by fax: 317.692.5212 Attention: Educational Services

USA Gymnastics Registrant 1 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 2 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 3 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 4 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 5 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 6 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 7 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 8 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 9 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____

USA Gymnastics Registrant 10 *office use only*: Reg#_____ $_____

☐ **Member Registration Fee $70** ☐ **Non-Member Registration Fee $85** *(Includes Instructor Membership, Individuals 18+ years must complete background check)*
☐ **Current Safety/Recertification $5** ☐ **Non-Member Registration Fee $85** *(For Audit ONLY)*

(if applicable)
Name_____ D.O.B._____ USA Gymnastics Membership # _____

Individual Address _____

City _____ State _____ Zip _____ Phone _____

Individual Email Address _____