



USTA COACH MEMBERSHIP APPLICATION & WAIVER

August 1, 2016 - July 31, 2017

Coach Member Information (all fields marked * are REQUIRED)

*First Name: _____ MI: _____ *Last Name: _____ *Date of Birth (MMDDYYYY) ____/____/____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Phone: (____) _____ *Email: _____ *Sex: _____

Club Information

*Club Name: _____ *State: _____ *Club Code: _____

*Contact Name: _____ *Contact Email: _____

Coach Member Agreement - ALL signatures are required for acceptance of membership.

In consideration of my membership in the United States Trampoline and Tumbling Association (USTA), and my participation in USTA sanctioned events, I agree to be bound by each of the following:

- USTA Membership:** I have applied for and received my 2016-17 USTA Membership. My current safety certification number is: _____
- Coach Membership Release:** I have signed and filed my Coach Membership Release form with my club. If I am a Junior Coach, my parents and I have completed, signed, and filed my Coach Membership Release form with my club.
- Readiness to compete:** I will only participate in those USTA competitions for which I believe I am physically and psychologically prepared to compete. Prior to participation in USTA events, I will have practiced and will perform only those skills & routines which I have accomplished to the degree of confidence necessary to assure I can perform them by myself, without injury.
- Waiver and Release:** I am fully aware and appreciate the risks of catastrophic injury, paralysis, and even death, as well as risks of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in a gymnastics event. I release USTA, the Host Organization, and sponsor(s) of any USTA sanctioned event, along with 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 the claims, losses, or damages occurring as a result of the intentional or reckless conduct of any one of the Released Parties.

In the event that any sanctioned event is cancelled or rescheduled due to inclement weather or any other reason, no refunds or exchanges will be granted. Coach member also agrees that his/her name or likeness may be used in any photographs, motion picture film, television and/or radio broadcast without his/her prior permission and without financial compensation.
- Online Member Search:** I understand that the information provided will be listed on the USTA online search. This information will be password protected and USTA will use its best efforts to limit access to professional members of the USTA and club owners. USTA does NOT release individual member's information to third parties.

*Signature of Coach: _____ *Date: _____

Coach's Primary Medical Insurance Carrier: _____

***Required for any coach who is not yet 18 years old:** As parent or legal guardian of this coach, I hereby verify by my signature below, that I fully understand and accept each of the conditions listed in the Coach Membership Agreement for permitting my child to participate in any USTA 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, USTA 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. **I understand that I must send a copy of this form to the USTA National Office for their records.**

*Signature of Club Representative: _____ *Date: _____