

US Athletic Foundation

Athlete Membership Application

Today's Date: _____

Personal Information

Athlete Name		Social Security Number	
Mailing Address	City	State	Zip Code
Permanent Address (if different than above)	City	State	Zip Code
Email Address	Phone Number	Date of Birth	

Parent(s)/Legal Guardian (only needed if athlete is under the age of 18)

Name(s)		Preferred Phone	
Mailing Address	City	State	Zip Code
Email Address	Emergency Phone	Fax Number	

Training Facility

Training Facility Name		Main Phone	
Mailing Address	City	State	Zip Code
Email Address / Web Site	Contact Person	Contact Email Address	

Primary Coach

Name		Cell Phone	
Mailing Address	City	State	Zip Code
Email Address	Home Phone	Fax Number	

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Secondary Coach

Name		Cell Phone	
Mailing Address	City	State	Zip Code
Email Address	Home Phone	Fax Number	

Sport Discipline & Level

Sport		Level (Please Circle One)	
		Amateur	Professional
Specific Discipline	Current Level	Yrs at Level?	Desired Level

Competitions/Events Entered (last year)

Results/Placements

Personal Achievements

Awards/Accolades

What are your athletic goals?

1 year _____

3 years _____

5 years _____

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What are your personal goals?

1 year _____

3 years _____

5 years _____

Athlete/Parent Initials

_____ I agree to send personalized THANK YOU letters to every donor who donates in my name.

_____ I agree to update my personal web page link on the US Athletic Foundation website at least once per calendar quarter.

_____ I agree to email the foundation at info@USAthleticFoundation.org at least once per calendar quarter with current events, interesting and important updates on myself and my sport for the foundation newsletter.

_____ I agree to update my personal blog on the US Athletic Foundation website at least once per calendar quarter to keep donors in touch with what is happening with me.

_____ I understand and agree that failure to comply with any of the above requirements could have a negative impact on my membership with US Athletic Foundation and can result in termination of my membership.

Approved Signatures:

Athlete Date

Primary Coach Date

Parent/Guardian (if athlete is < 18 yrs of age) Date

Secondary Coach Date

**Please return your application to:
US Athletic Foundation
P.O. Box 3182
Littleton, CO, 80161-3182**