

USAW MEMBERSHIP APPLICATION Check one: New _____ Renewal _____ Member # _____

Please print clearly. Complete ALL information requested. Allow 2 - 4 weeks to receive your membership card.

NAME				
Last	First	M.I.	Date of Birth	Gender M____ F____
Address		City	State	Zip
HOME#	WORK#	E-Mail		
Club Affiliation		Club #	U.S. Citizen Yes____ No____	College Student Yes____ No____
Coach #1		Coach #2		

CALCULATE YOUR MEMBERSHIP CATEGORY AS FOLLOWS: Join in 2005 for 1YR (12 months) you will expire in 2006.
****ALL AGE CATEGORIES ARE ESTABLISHED BY TAKING THE EXPIRATION YEAR AND SUBTRACTING YOUR YEAR OF BIRTH**
 2006 - 1989 = AGE 17 = School Age Category \$20 OR 2006 - 1986 = AGE 20 = Junior Category \$30
 ONE-YEAR MEMBERSHIPS ARE EFFECTIVE FOR TWELVE MONTHS FROM THE EFFECTIVE DATE (Date signed).
 Check all membership categories that apply, but pay only the greatest dollar (\$) amount of all membership categories checked.
Example: By checking both Senior and Coach categories you pay only \$35.

MEMBERSHIP CATEGORIES:	1 YR	2 YR	3 YR	4 YR
1. School Age (age 17 & under) **Age you are in expiration year	\$20____	n/a	n/a	n/a
2. Junior (ages 18-20) **Age you are in expiration year	\$30____	n/a	n/a	n/a
3. Senior (age 21 and up)	\$35____	\$70____	\$105____	\$140____
4. Master (age 35 and up, eligible to lift in Masters competitions)	\$40____	\$80____	\$120____	\$160____
5. Master/Coach (with Club OR Sport Performance re-certification test)	\$70____	\$140____	\$210____	\$280____
6. Coach (without re-certification or re-certification fee waived)	\$35____	\$70____	\$105____	\$140____
7. Coach (with *Club OR Sport Performance re-certification test)	\$65____	\$130____	\$195____	\$260____
* Due annually unless coaching USAW athlete(s)	\$65____	\$130____	\$195____	\$260____
8. Coach (with Club AND Sport Performance re-certification)	\$85____	\$170____	\$255____	\$340____
9. Medical, Referee, Administrator, Volunteer (circle one)	\$35____	\$70____	\$105____	\$140____

CONTRIBUTION \$1____ \$5____ \$10____ \$20____ Other \$ _____

Please make check or money order payable to **USA Weightlifting**.
 Or pay by credit card VISA ____ MC ____ **Total Enclosed \$ _____**

CC# _____ EXP DATE _____ PLEASE DO NOT SEND CASH

WAIVER OF LIABILITY MUST BE SIGNED BY ALL APPLICANTS & PARENTS OF APPLICANT UNDER 18 YEARS OF AGE

In consideration of my participation in any USA Weightlifting program, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I fully understand that weightlifting involves risk of serious bodily injury, including permanent disability, paralysis, and death, and that these and other risks may be caused by my own actions, or inaction, those of other participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below, and that there may be other risks either not known to me or not foreseen at this time and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in the activity.

I hereby release, discharge and covenant not to sue USA Weightlifting, their respective administrators, directors, agents, officers, volunteers and employees and any sponsors and advertisers of any USAW sanctioned event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. This release, waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses or damages arising out of the gross negligence of or intentional, willful or wanton misconduct of Releases. If I or anyone on my and/or my minor child's behalf makes a claim against any of the Releases, I will indemnify, defend, save and hold harmless each of the Releases from any loss, liability, damage or cost which may incur as a result of such claim. I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it.

X _____ DATE SIGNED: _____
 MEMBER'S SIGNATURE EFFECTIVE DATE
 FOR PARTICIPANT'S OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

Signature of Parent or Legal Guardian _____ USAW Certified Coach for members under age 12 _____

Send application and check to: USA WEIGHTLIFTING, 1 OLYMPIC PLAZA, COLORADO SPRINGS, CO 80909
 Telephone: 719.866.4508, FAX: 719.866.4741, Email: usaw@usaweighting.org, Website: www.usaweighting.org