



2026

ATHLETE Membership

Please type or print clearly

Club Name: _____

Gym Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Club Phone: () _____ Cell Phone: () _____

Email Address: _____

Is your gym insured with the AmeriKids Insurance program through Foy Insurance of World Insurance Group?

YES: _____ Fee: \$7.00 per member

NO: _____ Fee: \$16.00 per member and: *Prior to membership being issued you must provide a certificate of insurance naming AmeriKids Gymnastics LLC, AmeriKids Gymnastics Midwest District and Pioneer Gymnastics Academy Inc. as additional insured's. All policies shall include a waiver of subrogation in favor of AmeriKids Gymnastics LLC, AmeriKids Gymnastics Midwest District and Pioneer Gymnastics Academy Inc. including primary and non contributing coverage. The certificate of insurance shall not exclude participant liability coverage.*

**Submit your roster including: First Name, Last Name, Birth Date and Level.
If possible, please submit in an Excel spreadsheet.**

Club owner or authorized agent's printed name

Club owner or authorized agent's signature

Date

Your athlete membership allows for participation in AmeriKids sanctioned/member events and other specified benefits as they develop.

Mail form and club membership fees made payable to AmeriKids Midwest District to:

Ed Aasen - AmeriKids Midwest District Director
c/o: Pioneer Gymnastics Academy Inc.
3800 Old Cheney Rd.
Suite A1
Lincoln, NE 68516