

## Junior Participating in Adult Roller Derby Division Check List



Junior's Name: \_\_\_\_\_

Parents'/Legal Guardian Names: \_\_\_\_\_

Name of Club Accepting Junior & Club Id: \_\_\_\_\_

***The following items must be returned together to the USARS National Office for a junior (14-18 years old) to be considered for acceptance to compete in an adult division for USARS Roller Derby. Submission of all items alone does not guarantee approval- information will be verified and notification of acceptance or denial sent via email.***

- Parental Consent, Waiver, and Release
- Skating Proficiency Verification- included on waiver
- Roller Derby Minimum Skating Skills Assessment Form
- Letter of recommendation from their junior level coach- this letter should address his/her endorsement of the junior player being both physically and mentally capable of competing at the adult level. The letter must include a signature and the coach's contact information.
- Letter of acceptance from the adult club- this letter must include verification that the club has verified the junior's skating capabilities in person and is comfortable with allowing him/her to compete with their adults. The letter must be signed by a minimum of two USARS members from the club (one must be a club officer) and include their contact information.
- USARS Membership Application (if not already submitted) - must be signed by the adult club!
- Copy of Birth Verification- acceptable forms include a birth certificate, driver's license, or passport
- Parent and Athlete Concussion Form. Training for the coach is available through the CDC at: [http://www.cdc.gov/concussion/headsup/online\\_training.html](http://www.cdc.gov/concussion/headsup/online_training.html). A copy of the training completion certificate must be sent in as well.

***Please be aware that the omission of the above information or the delay in the National Office receiving the above information may jeopardize a timely review.***

**USA Roller Sports  
4730 South Street Lincoln, NE 68506**

**402.483.7551 phone  
402.483.1465 fax**



**ROLLER DERBY  
PARENTAL CONSENT, WAIVER, AND RELEASE**

**MINOR'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**CLUB ID:** \_\_\_\_\_ **USARS MEMBERSHIP NO:** \_\_\_\_\_

**PARENTS' / LEGAL GUARDIAN NAMES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

In consideration of USA Roller Sports (hereafter "USARS") acceptance of the above-named Minor (hereafter "Minor") as a participant in USARS sanctioned Roller Derby events for the period beginning January 1, 2014 and ending December 31, 2014 and in return for the opportunity to participate in these USARS sanctioned Roller Derby events:

It is agreed that all risks attendant to watching and/or participating in USARS sanctioned Roller Derby events and activities, including, but not limited to bodily injury and/or death, are assumed by Minor and his/her above-named parents and/or legal guardians (hereafter "Guardians") and that this assumption is acknowledged, approved, and agreed to by Minor and Guardians as indicated by the signatures hereto.

I understand that the laws of certain states may preclude or limit a minor's participation in events like Roller Derby that involve a significant likelihood of injury. I understand that I am responsible for complying with all such state laws and hereby indemnify USARS and hold it harmless for any violations resulting from Minor's participation in a USARS sanctioned event that violates state law.

I hereby certify that Minor is physically able to participate in USARS sanctioned Roller Derby events and activities and that I know of no physical impairments which would in any manner limit his/her participation in such events. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed or directed by USARS to administer outpatient medical, surgical, or dental services as appropriate or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to other duly licensed medical personnel when necessary.

I understand and acknowledge Roller Derby is a full-contact sport that involves significant physical exertion, exercise, agility, and strength. I understand and acknowledge that at some USARS sanctioned Roller Derby events Minor may participate with and/or compete against adults over the age of 18. I understand and acknowledge that Minor may participate and/or compete against individuals who are significantly older, taller, larger, faster, and/or stronger than Minor. I understand and acknowledge that participation in Roller Derby with these individuals is dangerous and involves the risk of severe physical injury including death. I represent and warrant that Minor is voluntarily engaging in USARS sanctioned Roller Derby events despite these risks. Minor and Guardians assume the risks of any and all damages and injuries that Minor and/or Guardians may suffer during Minor's participation in or involvement with a USARS sanctioned Roller Derby event.

I represent and warrant that Minor is in good physical and mental health and has no disability, impairment, injury, disease or ailment preventing Minor from engaging in active or passive exercise or physical activities which involve increased risk of injury or adverse health consequences. I understand and acknowledge that Minor must complete and successfully pass a USARS proficiency test to compete in USARS sanctioned Roller Derby events and that this proficiency test is evidence that the Minor possesses certain minimum skating skills and knowledge related to Roller Derby events. I hereby represent and warrant that Minor has completed and passed the USARS proficiency test.

In consideration for honoring Minor's request to participate in USARS sanctioned Roller Derby events and activities, I, for myself, my executors, administrators, heirs, next of kin, and assigns, do hereby release and forever discharge USARS, its Board of Directors, its respective entities, administrators, representatives, employees, agents, and members from any claims that I might have myself or could bring on Minor's behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence, contract, failure to supervise, and/or negligent entrustment, in any manner arising out of Minor's participation in USARS sanctioned Roller Derby events and/or activities. I also hereby agree to save, hold harmless, and indemnify USARS, its Board of Directors, and/or its respective entities, administrators, representatives, employees, agents, and members against any and all claims, including claims of negligence, failure to supervise and/or negligent entrustment, which Minor and/or Guardians might bring or have against USARS as a result of Minor's active or passive participation in USARS sanctioned Roller Derby events and/or activities. Minor and Guardians recognize that we are giving up, among other things, rights to sue USARS, its respective entities, administrators, representatives, employees, agents or members for injuries, damages or losses that Minor and/or Guardians may incur.

The signature(s) below confirms that I/we will take financial responsibility for any and all damages and/or injuries that Minor and/or Guardians may cause or suffer from during Minor's participation in USARS sanctioned Roller Derby events and activities and shall be liable to the USARS for any charge or liability that it incurs on behalf of Minor and/or Guardians.

By signing below, the undersigned represents that he and/or she has read this document and understands the obligations, representations, and promises contained herein.

\_\_\_\_\_  
**MINOR SIGNATURE**

\_\_\_\_\_  
**DATE OF SIGNATURE**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE OF SIGNATURE**

\_\_\_\_\_  
**PARENT/LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE OF SIGNATURE**

### **CERTIFICATION OF PROFICIENCY**

I hereby certify that on the \_\_\_ day of \_\_\_\_\_, 2014, the above-named minor completed and successfully passed a USARS proficiency test and that he/she possesses the necessary skating skills and knowledge to participate in USARS sanctioned Roller Derby events and activities.

**NAME OF TESTER:** \_\_\_\_\_

**SIGNATURE OF TESTER:** \_\_\_\_\_

**TITLE OF TESTER:** \_\_\_\_\_

**NAME OF HOST CLUB:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

## ACKNOWLEDGEMENT OF PARTICIPATION

I represent that I am the coach for the above-named individual during the 2014 Roller Derby season. I am aware that the above-named individual is a minor and understand and acknowledge that the above-named minor intends to participate in USARS sanctioned Roller Derby events and activities.

**NAME OF COACH:** \_\_\_\_\_

**SIGNATURE OF COACH:** \_\_\_\_\_ **DATE OF SIGNATURE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

### USARS ACCEPTANCE

\_\_\_\_\_  
**USARS EXECUTIVE DIRECTOR SIGNATURE**  
Richard Hawkins

\_\_\_\_\_  
**DATE OF SIGNATURE**

**USA Roller Sports, 4730 South Street Lincoln, NE 68506 Phone (402) 483-7551, Fax (402) 483-1465**





USA Roller Sports 4730 South Street, Lincoln, NE 68506 402.483.7551 phone 402.483.1465 fax
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USA Roller Sports  
 2014 Minimum Skills Skating Requirements  
 Roller Derby Assessment Form

This is the official record of skating skills for the following individual for the 2014 calendar year:

Skater's Real Name & Skate Name: \_\_\_\_\_

Club ID & USARS Member #: \_\_\_\_\_

Email Address & Phone Number: \_\_\_\_\_

*The organization (club/league) is responsible for tracking this information and a designated official (to be decided by club/league) must sign off (date included) on all skill mastery. A player must pass all skills before they are roster-eligible for USA Roller Sports sanctioned events. Detailed information regarding each requirement is available in Addendum I of the current USA Roller Sports (USARS) Roller Derby Rule Book. The organization is responsible for maintaining signed records of all successful assessments and skaters must be assessed annually. Additional notes regarding each skill are encouraged and can be included on the back of this form or by attaching additional paper. If requested, the organization must provide these assessment forms to USA Roller Sports.*

1.  Derby Position: \_\_\_\_\_
2.  Glides (Both Feet): \_\_\_\_\_
3.  Single Knee Slides: \_\_\_\_\_
4.  Double Knee Slides: \_\_\_\_\_
5.  Baseball Slide: \_\_\_\_\_
6.  180 Degree Knee Slide: \_\_\_\_\_
7.  All 4's Slide: \_\_\_\_\_
8.  Basic T Stop: \_\_\_\_\_
9.  Plow Stop: \_\_\_\_\_
10.  Hockey Stop: \_\_\_\_\_
11.  Stepping /All Directions: \_\_\_\_\_
12.  Pushing For Power: \_\_\_\_\_
13.  Crossovers: \_\_\_\_\_
14.  Maneuverability/Agility: \_\_\_\_\_
15.  Hopping/Jumping: \_\_\_\_\_
16.  Squats: \_\_\_\_\_
17.  Speed Endurance: \_\_\_\_\_
18.  Whips: \_\_\_\_\_
19.  Blocks: \_\_\_\_\_
20.  Hip Pushes: \_\_\_\_\_

Designated Official's Name: \_\_\_\_\_

By signing below, I acknowledge that the individual at the top of this form has successfully passed the Minimum Skills Requirements established by USA Roller Sports.

Signature & Date of Designated Official: \_\_\_\_\_

Email Address & Phone Number: \_\_\_\_\_



**USA Roller Sports**  
 4730 South Street, Lincoln, NE 68506  
 402.483.7551 phone 402.483.1465 fax

**INDIVIDUAL MEMBERSHIP  
 REGISTRATION  
 2014 MEMBERSHIP SEASON**

**PLEASE PRINT**

LAST NAME FIRST NAME MI SOCIAL SECURITY #

ADDRESS CITY STATE ZIP CODE + FOUR

AREA CODE & PHONE NUMBER SEX DATE OF BIRTH EMAIL ADDRESS (MANDATORY)

**CHECK APPROPRIATE MEMBERSHIP CATEGORY**

- SPEED (\$65)  Renew my officials credentials at no additional charge
- FIGURE (\$65)  Renew my officials credentials at no additional charge
- RECREATION (\$55)  INCLUDES: Jam Skating & Fitness Skating
- AGGRESSIVE INCLUDES: Skateboard (\$60)  Extreme Inline (\$60)
- RINK HOCKEY INCLUDES: Select (\$50)  House (\$20)
- NONCOMPETITIVE (\$65)  (For Club Officers) Renew my officials credentials at no additional charge
- INLINE HOCKEY INCLUDES: Select (\$50)  Travel (under member organization, \$30)  House (\$20)
- ROLLER DERBY INCLUDES: Adult Derby (\$60)  Derby Official (\$60)  Adult Derby & Official (\$60)  Jr. Derby, under age 18 (\$35)

**PLUS**  
 \*World Team Endowment \_\_\_\_\_ (enter amount)  
 \*National Museum of Roller Skating (\$35)   
 \*See back for details

CLUB/LEAGUE NAME FACILITY NAME CITY STATE

SIGNATURE OF CLUB OFFICER VERIFYING MEMBERSHIP (unsigned applications will be recorded as "unattached") CLUB ID

**WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK AND/OR PARENTAL CONSENT AND INDEMNITY AGREEMENT**

In consideration of being allowed to participate in the USA ROLLER SPORTS (USARS) sports programs and related events for the 2014 season, January 1, 2014 through December 31, 2014 the undersigned agrees:

1. I, the undersigned, do affirm the registration information above is correct and truthful and hereby make application to USARS for amateur registration with which to identify myself at sanctioned competitions, exhibitions and other appropriate occasions. I further agree to abide by the rules and regulations of USARS during the terms of this registration and agree to observe the Amateur Code of Conduct, in spirit as well as in letter, upholding the high ethics of amateur roller skating.
2. I understand dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in these activities. I understand the nature of USARS' activities and believe that I (or my minor child) am/are qualified and physically fit to participate in roller skating competitions and practices. I further acknowledge that I am aware that the activity will be conducted in facilities open to the public. As a skater, parent or legal guardian, I further agree and warrant that prior to participating in any event I will inspect the facilities to be used and if believing conditions to be unsafe, I will immediately advise my coach or the meet director of this condition and refuse to participate unless corrected.
3. I fully understand that USARS' activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death, and economic losses which might result not only from a skater's actions, inactions or negligence, but the action, inaction, or negligence of others, the rules of competition, or the condition of the premises or any equipment in use. I fully accept and assume all such risks and responsibilities for losses and costs and damages incurred as a result of my participation in USARS activities or arising out of my traveling to or returning from such activities or practice sessions.
4. I hereby release, discharge, covenant not to sue, and agree to hold harmless USARS, their administrators, directors, agents, officers, volunteers and employees, other participants, any sponsors, advertisers, and where applicable, owners and lessors of premises and their employees on which the activity takes place (collectively "Releasees"), from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the Releasees. I further agree that if a claim is made against any of the Releasees that arises out of or in any way relates to my participation or involvement in a USARS activity or event, I, AND THE PARENT OR GUARDIAN SIGNING ON BEHALF OF A MINOR, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY'S FEES, LOSS, LIABILITY, DAMAGE, OR ANY COSTS INCURRED AS A RESULT OF ANY SUCH CLAIM.

I have read this agreement and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect. We acknowledge our responsibility to deliver this membership application to USARS Headquarters before insurance benefits associated with this membership are effected.

Printed Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

(For Minor Child) Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT CARD INFORMATION**

Card Number: \_\_\_\_\_ CCV#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount To Charge: \_\_\_\_\_

# USA ROLLER SPORTS ACCIDENT INSURANCE INFORMATION

## Effective Date

The effective date for the USA Roller Sports excess accident/medical expense benefit program is the time the athlete signs and dates this application and remits full payment to a USARS representative, initiating the individual into the master policy and confirming membership in USA Roller Sports. This application and full payment must be received at USARS Headquarters, 4730 South Street, Lincoln, NE 68506, within 10 days of the date on the application in order for the insurance to remain valid. Giving payment to a coach or club president could compromise your insurance coverage if the preceding timeline is not followed.

## Who and What is Covered

**Competitors/Coaches**-Registered member skaters/coaches of USA Roller Sports are provided with excess (secondary) accident/medical expense benefits for injuries occurring **ON SKATES** limited to organized and supervised practice sessions held within USA Roller Sports chartered club facilities, or during USA Roller Sports sanctioned competitions and/or USA Roller Sports training sessions sanctioned by national headquarters specified to occur outside of club facilities. The event must be supervised by a club officer (or an official USA Roller Sports coach) or the USA Roller Sports designated leader of an USA Roller Sports sponsored event. The individual will be required to certify the validity of the claim being submitted. No coverage is extended to a skater injured while on skates, but who is not in training for USA Roller Sports competitions.

**Non-Competitive Card Holders/USA Roller Sports Officials**-Coverage is limited to accidents occurring both on or off skates while actually participating in a competition that is in progress.

## What is Not Covered

Training off skates or training outside of chartered club facilities, unless specified by a USA Roller Sports sanction, or any injury occurring while on skates but while not training for USA Roller Sports competitions is **not** covered. Sickness is **not** covered. Pre-existing conditions are **not** covered and shall mean any condition for which treatment has been provided within (6) months prior to such injury. Re-injury **is** considered a pre-existing condition.

**Excess Coverage**-All benefits are payable on an EXCESS BASIS. This means that your primary policy must pay the charge on each bill (that are payable under that policy's contract) before this insurance will pay. Proof of these payments must be submitted to the claims payer.

**Accident Medical Expense**-If, as a result of an injury, an insured incurs covered expenses starting within 30 days of the date of the accident, up to the maximum amount will be paid for covered expenses incurred within 26 weeks of the initial injury. For current maximum amount contact the USARS National Headquarters.

**Deductible**-A deductible is applied per accident and you are responsible for the deductible amount in Medical and/or Dental expenses before any benefits are payable. Please note that there are different deductible amounts that apply and you should refer to the actual policies for details.

**Basis For Payment**-"Usual and Customary" or "Reasonable and Customary" rates. Your doctor's billing clerk will understand these terms. You will be responsible for any amount that exceeds total payable benefit.

**Accident Report & Claims Forms** - An accident report (available online) **must** be filed with USA Roller Sports by the injured individual and signed by a club officer within 14 days of the date of injury. Claim forms will be emailed by USA Roller Sports to the injured party after receipt of a completed and signed accident report form and all insurance criteria are met. The club president must verify the rink circumstances and when the injury occurred. To initiate the claims process, contact USA Roller Sports 402.483.7551, within 14 days of the accident.

**This is a brief overview of the USA Roller Sports Participant/Accident Policy. For complete policy terms and conditions please refer to the actual policy posted on the USA Roller Sports website ([www.usarollersports.org](http://www.usarollersports.org)).**

## OTHER INFORMATION

**USA Roller Sports Magazine:** Each USARS membership includes a subscription for all remaining issues of USA Roller Sports e-magazine published during the current membership season (a \$12.00 value). If membership is not renewed at the beginning of the season, you will not receive the magazine until membership is renewed. Our quarterly e-magazine is issued in January, April, July, and October.

**\*World Team Endowment Gift:** An additional payment equal to your membership amount represents a charitable contribution to USA Roller Sports for use in establishing an endowment fund to support athlete travel in international competition. In recognition of this gift, a special commemorative pin will be sent to the member.

**\*National Museum of Roller Skating:** Established in 1980, the National Museum of Roller Skating provides the public with an experience to reflect and understand the sport and recreation of roller skating and its history. To ensure the continuation of the museum and its service to the public, please consider joining the museum as a member. Visit the Museum website at [www.rollerskatingmuseum.com](http://www.rollerskatingmuseum.com).

**Mailing your renewal by certified mail will endure traceable delivery as we cannot confirm by phone whether it has been received unless you have already been processed through our system.**

**After allowing sufficient time for processing, USARS membership may be verified on the USARS website.**

**MAIL** completed application and check to: USA Roller Sports, 4730 South Street, Lincoln, NE 68506

**FAX** completed application and credit card information to: 402.483.1465

**EMAIL** completed application and credit card information to: [payments@usarollersports.org](mailto:payments@usarollersports.org)

**Questions? Call 402.483.7551**





## PARENT AND ATHLETE CONCUSSION INFORMATION & CONSENT FORM

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, ***all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.*** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

### **Symptoms may include one or more of the following:**

- Headaches
- Amnesia
- Nervousness or anxiety
- Blurred, double, or fuzzy vision
- Nausea or vomiting
- “Pressure in head”
- “Don’t feel right”
- Neck pain
- Dizziness
- Balance problems
- Fatigue or low energy
- Sadness
- Irritability
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Confusion
- Feeling foggy or groggy
- More emotional
- Concentration or memory problems
- Drowsiness (forgetting game plays)
- Change in sleep patterns
- Repeating the same question/comment

### **Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays in coordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of is the key for student athlete’s safety.



**If you think your child has suffered a concussion**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. *A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.* You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/concussion/HeadsUp/youth.html>

\_\_\_\_\_  
MINOR SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

**ACKNOWLEDGEMENT OF PARTICIPATION**

I represent that I am the coach for the above-named individual during the 2014 Roller Derby season. I am aware that the above-named individual is a minor and understand and acknowledge that the above-named minor intends to participate in USARS sanctioned Roller Derby events and activities. I have completed USARS's online training regarding concussions.

**NAME OF COACH:** \_\_\_\_\_

**SIGNATURE OF COACH:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**USARS ACCEPTANCE**

\_\_\_\_\_  
USARS EXECUTIVE DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE OF SIGNATURE

Richard Hawkins

USA Roller Sports, 4730 South Street Lincoln, NE 68506 Phone (402) 483-7551, Fax (402) 483-1465

