

PLEASE PRINT LEGIBLY

● COMPLETE ALL INFORMATION

TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name: \_\_\_\_\_

 Previously registered with USA Swimming?  Yes  No If registered in a different LSC, which LSC: \_\_\_\_\_

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M-F)	CLUB CODE	CLUB NAME

(Bill, Beth, Scooter, Liz, Bobby)

(Required)

If not affiliated with a club, enter "Unattached"

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CITY	STATE	ZIP CODE

HOME	AREA CODE	TELEPHONE NO.	WORK	AREA CODE	TELEPHONE NO.	EXTENSION	MOBILE	AREA CODE	TELEPHONE NO.

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IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES

RACE AND ETHNICITY (OPTIONAL): You may check up to two choices

- |  |  |
|--|--|
| <input type="checkbox"/> Q. Black or African American                | <input type="checkbox"/> R. Asian              |
| <input type="checkbox"/> S. White                                    | <input type="checkbox"/> T. Hispanic or Latino |
| <input type="checkbox"/> U. American Indian & Alaska Native          | <input type="checkbox"/> V. Some Other Race    |
| <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander |  |

CITIZENSHIP/FINA:

- U.S. Citizen:  Yes  No
- Are you a member of another FINA federation:  Yes  No
- If Yes, which federation: \_\_\_\_\_

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter

MEMBERSHIP CODE: Check all that apply

- Junior Coach-ages 16 & 17
- Coach-Full Time (Employed full time as a coach)
- Coach-Part Time (Primary employment is NOT coaching)
- Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.)
- Other (Chaperone, Meet Director, Meet Manager, etc.)

No background check required, requires Athlete Protection Training

Requires a Background Check & Athlete Protection Training

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 If coach, primary age group that you coach (may be more than one):  10-Un  11-12  13-14  15-18  19+  Masters

**NON-ATHLETES**  
 BGC at [www.usaswimming.org/backgroundcheck](http://www.usaswimming.org/backgroundcheck) APT at [www.usaswimming.org/apt](http://www.usaswimming.org/apt)  
**COACHES:** Also requires current CPR/AED & Safety Training for Swim Coaches certifications  
 EDUCATION REQUIREMENT FOR COACHES at: [www.usaswimming.org/foc](http://www.usaswimming.org/foc)

An individual registering as a coach for the first time must complete the online Foundations of Coaching 101 test prior to becoming a Coach Member.  
 Prior to registering as a coach for the second year, the online tests for Foundations of Coaching 201 and Rules and Regulations must be completed.  
 USADA Coach's Advantage Tutorial at [www.usaswimming.org/learn](http://www.usaswimming.org/learn)

ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT [www.usaswimming.org/coachmember](http://www.usaswimming.org/coachmember)  
 COACHES AND OFFICIALS: Concussion Protocol Training – Courses from the Center for Disease Control and Prevention (CDC) or the National Federation of State High School Associations (NFHS) as well as individual states' required courses will satisfy the USA Swimming requirement.

- By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.
- I acknowledge that when I learn of facts that give reason to suspect that a child has suffered an incident of abuse, including sexual abuse, I must report to law enforcement within 24 hours pursuant to The Protecting Young Children from Sexual Abuse and Safe Sport Authorization Act.
- I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy and that I must complete Athlete Protection Training.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, I verify that the above is true and correct.

**MAKE CHECK PAYABLE TO:**

 Wind N Sea Swim Team or  
 Venmo @paton-mcclung

**Submit APPLICATION & PAYMENT TO:**

 Paton McClung at the pool  
 (or Venmo @paton-mcclung)

<b>2021 REGISTRATION FEE</b>			
June 1, 2020 through December 31, 2021			
USA Swimming Fee	+	LSC Fee	= TOTAL DUE
<input type="checkbox"/> Individual \$ 64.00	+	\$ 10.00	= \$74.00
<input type="checkbox"/> Life \$1,000.00	+	\$ 10.00	= \$1010.00

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE \_\_\_\_\_

BGC _____	APT _____	STSC _____	STSC-ONLINE _____	CPT _____
CPR _____	FOC 101 _____	FOC 201 _____	Rules & Regs _____	