



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

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 _____

(Required)
MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME AREA CODE _____ TELEPHONE NO. _____ WORK AREA CODE _____ TELEPHONE NO. _____ EXTENSION _____ FAX AREA CODE _____ TELEPHONE NO. _____ CELL AREA CODE _____ TELEPHONE NO. _____

E-MAIL ADDRESS _____

CHECK ALL THAT APPLY:

1. **Coach-Full Time** (primary income is from coaching) **Coach-Part Time** (primary income is NOT from coaching) **Official** **Other**

COACHES – Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches
NOTE – All coaches must have a current USA Swimming background screen
First year coaches must meet the education requirement before renewing for the second year

2. If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters
3. Race and Ethnicity: Q. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native
 V. Some Other Race W. Native Hawaiian & Other Pacific Islander (You may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

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 _____

(Required)
WORK AREA CODE _____ TELEPHONE NO. _____ EXTENSION _____ FAX AREA CODE _____ TELEPHONE NO. _____ CELL AREA CODE _____ TELEPHONE NO. _____

E-MAIL ADDRESS _____

CHECK ALL THAT APPLY:

1. **Coach-Full Time** (primary income is from coaching) **Coach-Part Time** (primary income is NOT from coaching) **Official** **Other**

COACHES – Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches
NOTE – All coaches must have a current USA Swimming background screen
First year coaches must meet the education requirement before renewing for the second year

2. If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters
3. Race and Ethnicity: Q. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native
 V. Some Other Race W. Native Hawaiian & Other Pacific Islander (You may make up to two choices if appropriate.)

MAKE CHECK PAYABLE TO:

To your local swim team or to your LSC.

MAIL APPLICATION & PAYMENT TO:

To your local swim team or to
SES - Tom Healey
327 East Longleaf Dr
Auburn, AL 36832

REGISTRATION FEE			
	USA Swimming	LSC	TOTAL
	Fee	Fee	DUE
<input type="checkbox"/> Individual	\$45.00	+ \$5.00	= \$50.00
<input type="checkbox"/> Family	\$87.50	+ \$5.00	= \$92.50
<input type="checkbox"/> Life	\$1,000.00		= \$1000

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES