SWIMMING	USA SWIMMING
•	REG. DATE / OFFICE USE ONLY

2011 NON-ATHLETE REGISTRATION APPLICATION

LSC: WI

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.

	MATION: LEGAL FIRST NAME		MIDDLE NAME
LAST NAME	LEGALTIKOT NAME		MIDDLE NAME
Have you ever been a member of USA Swimming unde	er a different last name? If ves. please pro	L ovide that name	::
Previously registered with USA Swimming? Yes No			
PREFERRED NAME DATE OF BIF	RTH (MO/DAY/YR) SEX (M-F) CLUB CO	ODE	CLUB NAME
	quired) MAILING ADDRESS		
CITY	STATE	ZIP	CODE
			-
AREA CODE TELEPHONE NO. AREA CODE		CODE TELEPI	HONE NO. AREA CODE TELEPHONE NO.
HOME WORK WORK			CELL
E-MAIL ADDRESS			
CHECK ALL THAT APPLY:			
Coach-Full Time (primary income is from coach	hing) Coach-Part Time (primary inco	ome is NOT fro	m coaching Certified Official Other
LSC REG	GISTRAR USE ONLY – enter expiration of Safety Training (F	date of each co	urse ty certifications must accompany this form)
NOTE - All coaches must have a current USA	Swimming background screen		
	cation requirement before renewing for th	•	
 If coach, primary age group that you coach (may be Race and Ethnicity:			
			ay make up to two choices if appropriate.)
IF FAMILY MEMBERSHIP, PLEASE COMPLETE THE		THLETE FAMIL	
LAST NAME	LEGAL FIRST NAME		MIDDLE NAME
Have you ever been a member of USA Swimming unde	or a different last name? If we nlease nr	ovide that name	·
Previously registered with USA Swimming? Yes No			
PREFERRED NAME DATE OF BIF	RTH (MO/DAY/YR) SEX (M-F) CLUB CO	ODE	CLUB NAME
· ·	quired) ON AREA CODE TELEPI	HONE NO.	AREA CODE TELEPHONE NO.
AREA CODE TELEPHONE NO. EXTENSI	ION AREA CODE TELEPI	HONE NO.	AREA CODE TELEPHONE NO.
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AREA CODE TELEPHONE NO. EXTENSI	ION AREA CODE TELEPI		
WORK E-MAIL ADDRESS CHECK ALL THAT APPLY:	ION AREA CODE TELEPH		CELL
WORK	hing) Coach-Part Time (primary income	ome is NOT fro	m coaching
WORK	hing) Coach-Part Time (primary inco	ome is NOT fro	m coaching
WORK	hing) Coach-Part Time (primary inco	ome is NOT fro date of each co Proof of all safe	m coaching Certified Official Other urse ty certifications must accompany this form)
WORK	hing) Coach-Part Time (primary incoming) Safety Training (Fasting Swimming background screen incoming to the coation requirement before renewing for the coation requirement for the coation r	ome is NOT fro date of each co Proof of all safe he second year	m coaching Certified Official Other urse ty certifications must accompany this form)
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WORK	AREA CODE TELEPH FAX	ome is NOT fro date of each co Proof of all safe he second year 13-14 dispanic or Latin der (You ma	m coaching Certified Official Other urse ty certifications must accompany this form) 15-18 19+ Masters To U. American Indian & Alaska Native ay make up to two choices if appropriate.) REGISTRATION FEE USA Swimming LSC TOTAL Fee Fee DUE

Carol Graham 1716 Thrush Lane Mequon, WI 53092

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 the USA Swimming Foundation's initiatives ☐ Check if you would like to receive the electronic USA Swimming Newsletter