	2012 NON-ATHLETE R LSC: WI	EGISTRATION APPLICATION
	wimming, I hereby agree to abide b to be valid, all non-athletes (coach	y the rules, regulations and Code of Conduct of es, officials and others) must have a current ion Education requirement.
PLEASE PRINT LEGIBLY   COMPLETE ALL INFORMATION:		
	LEGAL FIRST NAME	MIDDLE NAME
Have you ever been a member of USA Swimming under a different last r	name? If ves, please provide that par	
	d in a different LSC, which LSC:	
PREFERRED NAME DATE OF BIRTH (MO/DAY/YR)	SEX (M-F) CLUB CODE	CLUB NAME
(Required)		
MAILING ADDRESS	3	
СІТҮ		P CODE
AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO.	L L L L L L D. EXTENSION AREA CODE TELE	PHONE NO. AREA CODE TELEPHONE NO.
E-MAIL ADDRESS		
CHECK ALL THAT APPLY:	<b>Dent Times</b> (animena income is NOT (	
1. Coach-Full Time (primary income is from coaching) Coach- LSC REGISTRAR USE O	<b>NLY –</b> enter expiration date of each of	_
CPR First Aid NOTE – First year coaches must meet the education requirement	Safety Training (Proof of all saf	fety certifications must accompany this form)
<ol> <li>If coach, primary age group that you coach (may be more than one):</li> <li>Race and Ethnicity: Q. Black or African American R. Asian V. Some Other Race W. Native Hawaii</li> </ol>	S. White T. Hispanic or La	tino 🛛 U. American Indian & Alaska Native
IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR		
	LEGAL FIRST NAME	
Have you ever been a member of USA Swimming under a different last r	name? If ves, please provide that name	ne:
	d in a different LSC, which LSC:	
PREFERRED NAME DATE OF BIRTH (MO/DAY/YR)	SEX (M-F) CLUB CODE	CLUB NAME
(Required)		
	REA CODE TELEPHONE NO.	AREA CODE TELEPHONE NO.
WORK FAX		
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 Certified Official Other		
LSC REGISTRAR USE ONLY – enter expiration date of each course		
<b></b> CPRFirst Aid NOTE – First year coaches must meet the education requirement	Safety Training (Proof of all saf nt before renewing for the second yea	fety certifications must accompany this form) ar
<ol> <li>If coach, primary age group that you coach (may be more than one):</li> </ol>	□ 10-Un □ 11-12 □ 13-14	□ 15-18 □ 19+ □ Masters
3. Race and Ethnicity: □ Q. Black or African American □ R. Asian □ V. Some Other Race □ W. Native Hawaii		
		nay make up to two choices if appropriate.)  REGISTRATION FEE
MAKE CHECK PAYABLE TO:		USA Swimming LSC TOTAL
Wisconsin Swimming		Fee Fee <b>DUE</b> ☐ Individual \$48.00 + \$8.00 = \$56.00
MAIL APPLICATION & PAYMENT TO:		$\square$ Family       \$95.00 + \$0.00 = \$00.00 $\square$ Family       \$95.00 + \$8.00 = \$103.00 $\square$ Life       \$1,000.00 + \$8.00 = \$1008.00
Carol Graham 1716 Thrush Lane		akes its membership list available to its marketing partners. Please notify
Mequon, WI 53092	USA Swimming's Member Serve	ices 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