

2020-2021 NON-ATHLETE REGISTRATION APPLICATION LSC: PACIFIC SWIMMING (PC)

PLEASE PRINT LEGIBLY ● COMPLETE ALL II LAST NAME		HAT CONTACT INFO . FIRST NAME		AND UP TO DATE: 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 Swimmin				
PREFERRED NAME DATE	OF BIRTH (MO/DAY/YR) SEX	(M-F) CLUB CODE	CLU	B NAME
	(Required) MAILING ADDRESS	If not affiliate	d with a club, enter "Unattached"	
CITY		STATE	ZIP CODE	
			_	
AREA CODE TELEPHONE NO. AREA C	ODE TELEPHONE NO. EXT	ENSION AREA COD	E TELEPHONE NO.	
HOME WORK		MOBILE		
E-MAIL ADDRESS				
IF ANY OF THE ABOVE INFORMATION CHA	NGES DURING THE YEAR – PLEA	」 SE NOTIFY YOUR LSC RI	EGISTRATION/MEMBERSHIP F	PERSON OF THE CHANGES
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA:				
□Q. Black or African American □R. Asian U.S. Citizen: □Yes □No				
□S. White □T. Hispanic or Latino Are you a member of another FINA federation: □Yes□No □U. American Indian & Alaska Native □V. Some Other Race If Yes, which federation: □				
☐ W. Native Hawaiian & Other Pacific Islande		ii 165, Willo	in rederation.	
☐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) CertifiedOfficial(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				
If coach, primary age group that you coach (may	pe more than one): 10-Ui	n 🗌 11-12 🔲 13-1	4 🗌 15-18 🗌 19+ 🛭	Masters
NON-ATHLETES BGC at <a foc"="" href="https://www.usaswimming.org/background-color: blue-nice-color: blue-nice-color</td><td>Safety Training for Swim Coactat: www.usaswimming.org/foc The first time must complete the cond year, the online tests for www.usaswimming.org/learn TRSES AND ONLINE TESTS A col Training - Courses from the	hescertifications online Foundations of Foundations of Coachi ARE AVAILABLE AT 1 e Center for Disease C	ng 201 and Rules and Recommunity and Rules and Recommunity and Rules and Rul	oachmember OC) or the National Federation	
☐ By becoming a member of USA Swimming,	I hereby agree to abide by	he rules, regulations	and Code of Conduct of	USA Swimming.
☐ I acknowledge that when I learn of facts that				
report to law enforcement within 24 hours pur			<u> </u>	
☐ I acknowledge that I have reviewed and ago Athlete Protection Training. Note: If joining US membership has been processed.				
Signature	Da	te	2022 2021 7=-	NOTE ATION SEE
By signing this application I verify that the abo	ove is true and correct.			SISTRATION FEE
MAKE CHECK PAYABLE TO: MAIL AP	PLICATION & PAYMENT TO:		Julie I, ZUZU tili OU(gh December 31, 2021
	IC SWIMMING		☐ Individua	I \$68.00
1374	LUPINE COURT CORD, CA 94521		□ Life	\$1,000.00

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE: _____ CHECK # ___