



USA SWIMMING

2011 NON-ATHLETE REGISTRATION APPLICATION

LSC: Middle Atlantic Swimming

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

REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

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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

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(Required)

MAILING ADDRESS

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CITY

STATE

ZIP CODE

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AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

EXTENSION

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

HOME

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WORK

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FAX

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CELL

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CELL

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E-MAIL ADDRESS

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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

CPR

First Aid

Safety Training

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

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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

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(Required)

AREA CODE TELEPHONE NO.

EXTENSION

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

WORK

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EXTENSION

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FAX

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CELL

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E-MAIL ADDRESS

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MAKE CHECK PAYABLE TO:

Middle Atlantic Swimming

MAIL APPLICATION & PAYMENT TO:

Middle Atlantic Swimming
2150 New Castle Avenue
New Castle, DE 19720

REGISTRATION FEE

	USA Swimming Fee	LSC Fee	TOTAL DUE
<input type="checkbox"/> Individual	\$47.00	+\$13.00	= \$60.00
<input type="checkbox"/> Family	\$92.50	+\$32.50	= \$125.00
<input type="checkbox"/> Life	\$1,000.00	+\$0.00	= \$1,000.00

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