

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

| PLEASE PRINT LEGIBLY ● COMPLETE ALL IN LAST NAME | | AT CONTACT INFORMA | | O UP TO DATE: DLE NAME |
|--|---|--|---|---|
| | | | | |
| Have you ever been a member of USA Swimming | under a different last name? If | yes, please provide that | L name: | |
| Previously registered with USA Swimmin | | | | |
| PREFERRED NAME DATE | OF BIRTH (MO/DAY/YR) SEX (M- | F) CLUB CODE | CLUB N | AME |
| | | | | |
| | (Required) MAILING ADDRESS | If not affiliated with | a club, enter "Unattached" | |
| | | | | |
| CITY | | STATE | ZIP CODE | |
| | | | _ | |
| AREA CODE TELEPHONE NO. AREA CO | ODE TELEPHONE NO. EXTEN | SION AREA CODE TI | ELEPHONE NO. | |
| HOME WORK | | MOBILE | | |
| E-MAIL ADDRESS | | | | |
| | | | | |
| IF ANY OF THE ABOVE INFORMATION CHA | NGES DURING THE YEAR – PLEASE | NOTIFY YOUR LSC REGIS | TRATION/MEMBERSHIP PERS | SON 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: □Yes□No | | | | |
| ☐U. American Indian & Alaska Native☐W. Native Hawaiian & Other Pacific Islande | | ii res, which le | deration: | |
| ☐Check if you would like to learn more about the | USA Swimming Foundation's in | nitiatives | | |
| ☐ 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 c ☐ Coach-Part Time(Primary employment is ☐ CertifiedOfficial(Starter, Stroke & Turn, Me ☐ Other(Chaperone, Meet Director, Meet Ma | oach) NOT coaching) eet Referee, Administrative, etc. | Requires a Ba Requires a Ba) Requires a Ba | required, requires Athlete ckground Check & Athlete | e Protection Training e Protection Training e Protection Training |
| If coach, primary age group that you coach (may be | pe more than one): 10-Un | □ 11-12 □ 13-14 | ☐ 15-18 ☐ 19+ ☐ M | lasters |
| NON-ATHLETES BGC at www.usaswimming.org/backgro COACHES: Also requires current CPR/AED & SEDUCATION REQUIREMENT FOR COACHES & EDUCATION REQUIREMENT FOR COACHES & Prior to registering as a coach for the Secondary of the Secondary Second | cafety Training for Swim Coache at: www.usaswimming.org/foc the first time must complete the cond year, the online tests for Focww.usaswimming.org/learn RSES AND ONLINE TESTS AR col Training - Courses from the | escertifications Inline Foundations of Coapundations of Coaching 2 IE AVAILABLE AT www. Center for Disease Control | 01 and Rules and Regular.usaswimming.org/coacrol and Prevention (CDC) | chmember or the National Federation |
| ☐ By becoming a member of USA Swimming, | I hereby agree to abide by the | e rules, regulations and | Code of Conduct of US | A Swimming. |
| ☐ I acknowledge that when I learn of facts that | t give reason to suspect that | a child has suffered an | incident of abuse, inclu | ding sexual abuse, I must |
| report to law enforcement within 24 hours pur | | | • | |
| ☐ I acknowledge that I have reviewed and agr Athlete Protection Training. Note: If joining US membership has been processed. | | | | |
| Signature | Date | | 0000 0004 770:0 | TD 4 TION: 555 |
| By signing this application I verify that the abo | ove is true and correct. | | 2020-2021 REGIS | |
| MAKE CHECK PAYABLE TO: MAIL AP | PLICATION & PAYMENT TO: | | June 1, 2020 through [|) CCCIIIDCI 31, 2021 |
| | IC SWIMMING | | ☐ Individual | \$68.00 |
| 1374 Լ | UPINE COURT ORD, CA 94521 | | □ Life | \$1,000.00 |
| | | | | |

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