



USA SWIMMING

2020 NON-ATHLETE REGISTRATION APPLICATION LSC: ALASKA

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME	LEGAL FIRST NAME	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 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

(Bill, Beth, Scooter, Liz, Bobby)

(Required)

If not affiliated with a club, enter "Unattached"

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CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	EXTENSION	AREA CODE	TELEPHONE NO.
HOME		WORK			MOBILE	

E-MAIL ADDRESS

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES

RACE AND ETHNICITY (OPTIONAL): You may check up to two choices

- | | |
|--|--|
| <input type="checkbox"/> Q. Black or African American | <input type="checkbox"/> R. Asian |
| <input type="checkbox"/> S. White | <input type="checkbox"/> T. Hispanic or Latino |
| <input type="checkbox"/> U. American Indian & Alaska Native | <input type="checkbox"/> V. Some Other Race |
| <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander | |

CITIZENSHIP/FINA:

- U.S. Citizen: ☐ Yes ☐ No
 Are you a member of another FINA federation: ☐ Yes ☐ No
 If Yes, which federation: _____

- ☐ 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)
☐ Certified Official (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
 Requires a Background Check & Athlete Protection Training
 Requires a Background Check & Athlete Protection Training
 Requires a Background Check & Athlete Protection Training

If coach, primary age group that you coach (may be more than one): ☐ 10-Un ☐ 11-12 ☐ 13-14 ☐ 15-18 ☐ 19+ ☐ Masters

NON-ATHLETES

BGC at www.usaswimming.org/backgroundcheck APT at www.usaswimming.org/apt

COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications

EDUCATION REQUIREMENT FOR COACHES at: www.usaswimming.org/foc

- An individual registering as a coach for the first time must complete the online Foundations of Coaching 101 test prior to becoming a Coach Member.
- Prior to registering as a coach for the second year, the online tests for Foundations of Coaching 201 and Rules and Regulations must be completed.

ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember

- ☐ By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.
☐ I acknowledge that when I learn of facts that give reason to suspect that a child has suffered an incident of abuse, including sexual abuse, I must report to law enforcement within 24 hours pursuant to The Protecting Young Children from Sexual Abuse and Safe Sport Authorization Act.
☐ I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy and I have completed Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete Athlete Protection Training until your membership has been processed.

Signature _____ Date _____
 By signing this application I verify that the above is true and correct.

PAYMENT INFO:

Your club will be billed for your registration fee.
 Please contact your club for payment instructions. If you are registering with a club, do NOT send payment.

If you are registering as UNATTACHED, you will need to send payment with your application.
 Checks should be made out to Alaska Swimming.

EMAIL / MAIL APPLICATION & PAYMENT (if unattached) TO:

AKSwimMembership@gmail.com
 or
 Angela Heaphy
 17249 Yellowstone Dr
 Eagle River, AK 99577

2020 REGISTRATION FEE

September 1, 2019 through December 31, 2020

USA Swimming Fee + LSC Fee = TOTAL DUE

<input type="checkbox"/> Individual	\$62.00	+	\$2.00	=	\$64.00
<input type="checkbox"/> Life	\$1,000.00	+	\$0.00	=	\$1,000.00

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE _____

BGC _____	APT _____	STSC _____	STSC-ONLINE _____	CPT _____
CPR _____	FOC 101 _____	FOC 201 _____	Rules & Regs _____	