



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 (MM/DD/YY) SEX (M-F) CLUB CODE CLUB NAME

(Bill, Beth, Scooter, Liz, Bobby) (Required) If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY STATE ZIP CODE

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 CITIZENSHIP: U.S. Citizen: Yes No FINA: Are you a member of another FINA federation: Yes No

Check if you would like to: learn more about the USA Swimming Foundation's initiatives receive the electronic USA Swimming Newsletter

MEMBERSHIP CODE: Check all that apply Junior Coach - ages 16 & 17 No background check required, requires Athlete Protection Training 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.)

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 ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT STSC for Swim Coaches COACHES AND OFFICIALS: Concussion Protocol Training - Courses from the Center for Disease Control and Prevention (CDC) or the National Federation of State High School Associations (NFHS), as well as individual states' required courses will satisfy the USA Swimming requirement.

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 Victims 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 that I must complete Athlete Protection Training.

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

MAKE CHECK PAYABLE TO: MAIL APPLICATION & PAYMENT TO:

Mississippi Swimming, Inc. Mississippi Swimming, P.O. Box 1273 Madison, MS 39130

2022 REGISTRATION FEE September 1, 2021 through December 31, 2022 USA Swimming Fee + LSC Fee = TOTAL DUE Individual \$66.00 + \$20.00 = \$86.00

REGISTRATION DATE