

## 2012 NON-ATHLETE REGISTRATION APPLICATION

USA Swimming. Fo	or membership to be valid, all non-athletes (coache ckground check and complete the Athlete Protecti	
PLEASE PRINT LEGIBLY   COMPLETE ALL INFORM		MIDDLE NAME
LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
Have you ever been a member of USA Swimming under	r a different leat name? If you please provide that name	
Previously registered with USA Swimming Yes No	If registered in a different LSC, which LSC:	
	TH (MO/DAY/YR) SEX (M-F) CLUB CODE	CLUB NAME
(Requ	uired) AILING ADDRESS	
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HOME		
E-MAIL ADDRESS		
CHECK ALL THAT APPLY:		
1. Coach-Full Time (primary income is from coach		
	ISTRAR USE ONLY – enter expiration date of each c d Safety Training (Proof of all safe	
	cation requirement before renewing for the second year	
<ol> <li>If coach, primary age group that you coach (may be</li> <li>Race and Ethnicity:</li></ol>		
✓ V. Some Other Race □ V	W. Native Hawaiian & Other Pacific Islander (You n	nay make up to two choices if appropriate )
		lay make up to two choices if appropriate.)
IF FAMILY MEMBERSHIP, PLEASE COMPLETE THE	SE LINES FOR THE SECOND NON-ATHLETE FAMI	LY MEMBER:
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IF FAMILY MEMBERSHIP, PLEASE COMPLETE THES	SE LINES FOR THE SECOND NON-ATHLETE FAMI LEGAL FIRST NAME	LY MEMBER:  MIDDLE NAME
IF FAMILY MEMBERSHIP, PLEASE COMPLETE THES	SE LINES FOR THE SECOND NON-ATHLETE FAMI LEGAL FIRST NAME	LY MEMBER:  MIDDLE NAME  De:
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SD Swimming Registrar 5813 W Karen Dr. Sioux Falls, SD 57106

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.

<sup>☐</sup> 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