

**USA SWIMMING**

**2014 NON-ATHLETE REGISTRATION APPLICATION**  
**LSC: FLORIDA SWIMMING, INC.**

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

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

|           |                  |             |
|-----------|------------------|-------------|
| 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

|                |                           |           |           |           |
|----------------|---------------------------|-----------|-----------|-----------|
| 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"

MAILING ADDRESS

CITY

STATE

ZIP CODE

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|------|-------|----------|

|           |               |           |               |           |           |               |           |               |
|-----------|---------------|-----------|---------------|-----------|-----------|---------------|-----------|---------------|
| AREA CODE | TELEPHONE NO. | AREA CODE | TELEPHONE NO. | EXTENSION | AREA CODE | TELEPHONE NO. | AREA CODE | TELEPHONE NO. |
| HOME      | 1 1 1 1 1 1   | WORK      | 1 1 1 1 1 1   | 1 1 1     | FAX       | 1 1 1 1 1 1   | CELL      | 1 1 1 1 1 1   |

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:** You may check up to two choices

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

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

|  |   |
|--|---|
| <input type="checkbox"/> Coach-Full Time (Employed full time as a coach)                                 | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Coach-Part Time (Primary employment is NOT coaching)                            | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Other (Chaperone, Meet Director, Meet Manager, etc.)                            | Requires a Level 1 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

**ALL NON-ATHLETES** must have a current USA Swimming Background Check and Athlete Protection Training

BGC at [www.usaswimming.org/backgroundcheck](http://www.usaswimming.org/backgroundcheck) APT at [www.usaswimming.org/protect](http://www.usaswimming.org/protect)

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

**EDUCATION REQUIREMENT FOR COACHES:**

- 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.
- Unless the original Foundations of Coaching test was completed previously, a coach who joined prior to Feb. 4, 2013 must complete the online tests for Foundations 101, and 201, as well as Rules and Regulations prior to registering as a coach for a second year.

**ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT [www.usaswimming.org/coachmember](http://www.usaswimming.org/coachmember)**

CHECK IF APPLYING FOR A FAMILY MEMBERSHIP – ATTACH A SECOND COMPLETED NON-ATHLETE APPLICATION FOR THE SECOND FAMILY MEMBER

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this application I verify that the above is true and correct.*

**MAKE CHECK PAYABLE TO:**

**FLORIDA SWIMMING, INC.**

**MAIL APPLICATION & PAYMENT TO:**  
**FLORIDA SWIMMING, INC.**  
**214 E. WASHINGTON ST., SUITE B**  
**MINNEOLA, FLORIDA 34715**  
**Email: [FLSOffice2@aol.com](mailto:FLSOffice2@aol.com) FL Office: 352-242-5145**

**2014 REGISTRATION FEE**

September 1, 2013 through December 31, 2014

USA Swimming Fee + LSC Fee = TOTAL DUE

|                                     |            |   |       |   |            |
|-------------------------------------|------------|---|-------|---|------------|
| <input type="checkbox"/> Individual | \$50.00    | + | 10.00 | = | \$60.00    |
| <input type="checkbox"/> Family     | \$100.00   | + | 10.00 | = | \$110.00   |
| <input type="checkbox"/> Life       | \$1,000.00 | + | 10.00 | = | \$1,010.00 |

**FOR LSC REGISTRAR USE ONLY:** REGISTRATION DATE \_\_\_\_\_

BGC \_\_\_\_\_ APT \_\_\_\_\_ STSC \_\_\_\_\_ LG \_\_\_\_\_ + ONLINE ST TEST \_\_\_\_\_

CPR \_\_\_\_\_ FOC 101 \_\_\_\_\_ FOC 201 \_\_\_\_\_ Rules & Regs \_\_\_\_\_ Y Principles \_\_\_\_\_