USA SWIMMING

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

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATIONTO 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) (Required) | **SEX** (M-F) | **CLUB CODE** | **CLUB NAME**

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY | **STATE** | **ZIP CODE**

AREA CODE **TELEPHONE NO.**

HOME | WORK | EXTENSION | 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*

- ☐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

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**	**No background check required,** requires Athlete Protection Training
☐**Coach-Full Time**(Employed full time as a coach)	Requires a Background Check & Athlete Protection Training
☐ **Coach-Part Time**(Primary employment is NOT coaching)	Requires a Background Check & Athlete Protection Training
☐**CertifiedOfficial**(Starter, Stroke & Turn, Meet Referee, Administrative, etc.)	Requires a Background Check & Athlete Protection Training
☐ **Other**(Chaperone, Meet Director, Meet Manager, etc.)	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 Coachescertifications

EDUCATION REQUIREMENT FOR COACHESat: 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.
- USADA Coach's Advantage Tutorial at www.usaswimming.org/learn

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

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 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 the Athlete Protection Training until your membership has been processed.***

_____ _____

Signature Date

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

MAKE CHECK PAYABLE TO:

PACIFIC SWIMMING

MAIL APPLICATION & PAYMENT TO:

PACIFIC SWIMMING
1374 LUPINE COURT
CONCORD, CA 94521

2020 REGISTRATION FEE

September 1, 2019 through December 31, 2020

☐ Individual $68.00

☐ Life $1,000.00

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