

FOR LSC REGISTRAR USE ONLY:

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

Previously registered with USA Swimming under a different last name? If yes, please provide that name: Previously registered with USA Swimming? □/res □No If registered in a different LSC, which LSC: PREFERRED NAME	PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORM LAST NAME	IATIONTO ENSURE THAT CONTACT I LEGAL FIRST NAME	INFORMATION IS CORRECT AND UP TO DATE: MIDDLE NAME	
PREFERRED NAME DATE OF BIRTH MONOMING Required MAILING ADDRESS Froil affiliated with a club, enter "Unablached" AREA CODE TELEPHONE NO. AREA				
PREFERRED NAME DATE OF BIRTH MODKNOWN Sex alth CLUB CODE CLUB NAME	Have you ever been a member of USA Swimming under	a different last name? If yes, please pro	vide that name:	
CITY STATE ZIP CODE AREA CODE TELEPHONE NO. CITIZENSHIPPINA: U.S. Citize: U.S.	Previously registered with USA Swimming?	es □No If registered in a different L	SC, which LSC:	
AREA CODE TELEPHONE NO. AREA CODE 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 A SW white B. Asian B. Asian C. S. Citizen: A Sw white C. Check if you would like to learn more about the USA Swimming Foundation's initiatives Check if you would like to learn more about the USA Swimming Newsletter MOBBERSHIP CODE: Chock of all that apply J. Junior Coach - ages 16 & A7 MCMBERSHIP CODE: Chock of all that apply J. Usan Coach-Part Timel(Primary employment is NOT coaching) Requires a Background Check & Athlete Protection Training Requires a Background Check & Ath	PREFERRED NAME DATE OF BIR	TH (MO/DAY/YR) SEX (M-F) CLUB CO	DE CLUB NAME	
AREA CODE TELEPHONE NO. AREA CODE 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 A SW white B. Asian B. Asian C. S. Citizen: A Sw white C. Check if you would like to learn more about the USA Swimming Foundation's initiatives Check if you would like to learn more about the USA Swimming Newsletter MOBBERSHIP CODE: Chock of all that apply J. Junior Coach - ages 16 & A7 MCMBERSHIP CODE: Chock of all that apply J. Usan Coach-Part Timel(Primary employment is NOT coaching) Requires a Background Check & Athlete Protection Training Requires a Background Check & Ath				
AREA CODE TELEPHONE NO. AREA CODE TELEPHONE N			affiliated with a club, enter "Unattached"	
AREA CODE TELEPHONE NO. AREA CODE TELEPHONE N				
HOME	CITY	STATE_	ZIP CODE	
HOME			_	
E-MAIL ADDRESS FANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR - PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES	AREA CODE TELEPHONE NO. AREA CODE T	FELEPHONE NO. EXTENSION AREA	A CODE TELEPHONE NO.	
IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES	HOME WORK	MOBILE		
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA: U.S. Citizen: Indianal	E-MAIL ADDRESS			
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA: U.S. Citizen: Indianal				
□ Black or African American □ R. Asian □ U.S. Citizen: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Are you a member of another FINA federation: □ Yes □ No Y	IF ANY OF THE ABOVE INFORMATION CHANGES D	 URING THE YEAR – PLEASE NOTIFY YOUR L	SC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES	
S. White				
U. American Indian & Alaska Native V. Some Other Race If Yes, which federation: W. Native Hawaiian & Other Pacific Islander				
W. Native Hawaiian & Other Pacific Islander				
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) Coach-Part Time(Primary employment is NOT coaching) CottifiedOfficial(Starter, Stroke & Turn, Meet Referee, Administrative, etc.) CottifiedOfficial(Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training not Protection Training until Protection Training until Protection Training until Protection Training until	— ,	•		
Junior Coach - ages 16 &17 Coach-Part 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 CoetifiedOfficial(Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Requires a Background Check & Athlete Protection Training Cother(Chaperone, Meet Director, Meet Manager, etc.) Requires a Background Check & Athlete Protection Training Training other (Training Check & Athlete Protection Training Training of Protection Training	•	Swimming Newsletter		
NON-ATHLETES BGC at www.usaswimming.org/backgroundcheck 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 Federatio 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 complete the Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until y membership has been processed.	☐ Junior Coach - ages 16 &17 ☐ Coach-Full Time(Employed full time as a coach) ☐ Coach-Part Time(Primary employment is NOT co ☐ CertifiedOfficial(Starter, Stroke & Turn, Meet Refe	Requipaching) Requiperee, Administrative, etc.) Requiperee, Administrative, etc.)	uires a Background Check & Athlete Protection Training uires a Background Check & Athlete Protection Training uires a Background Check & Athlete Protection Training	
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/earn 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 Federatio 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 complete Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until y membership has been processed.	If coach, primary age group that you coach (may be more	e than one): 🔲 10-Un 🔲 11-12 🔲	13-14	
☐ 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 comple Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until y membership has been processed. Signature Date	BGC at www.usaswimming.org/backgroundche COACHES: Also requires current CPR/AED & Safety TEDUCATION REQUIREMENT FOR COACHESat: www.usa.ex • An individual registering as a coach for the first to Prior to registering as a coach for the second yee USADA Coach's Advantage Tutorial at www.usa.ex ACCEPTABLE SAFETY REQUIREMENT COURSES ACCEPTABLE SAFETY REQUIREMENT COURSES ACCEPTABLE SAFETY REQUIREMENT COURSES AND OFFICIALS: Concussion Protocol Train	Training for Swim Coachescertifications v.usaswimming.org/foc time must complete the online Foundation ar, the online tests for Foundations of Coaswimming.org/learn AND ONLINE TESTS ARE AVAILABLE ining - Courses from the Center for Dise	ons of Coaching 101 test <u>prior</u> to becoming a Coach Member. oaching 201 and Rules and Regulations must be completed. AT <u>www.usaswimming.org/coachmember</u> ase Control and Prevention (CDC) or the <u>National Federation</u>	
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 comple Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until y membership has been processed. Signature Date	☐ 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 I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy and I have complete Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until you membership has been processed. Signature Date	☐ 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			
Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete the Athlete Protection Training until y membership has been processed. Signature Date			<u> </u>	
	Athlete Protection Training. Note: If joining USA Swit			
by signing this application I verify that the above is true and correct.			2020 DECISTRATION FEE	
September 1, 2019 through December 31, 2020	by signing and application i verify that the above is the allu collect.			
MAKE CHECK PAYABLE TO: MAIL APPLICATION & PAYMENT TO:	MAKE CHECK PAYABLE TO: MAIL APPLICATION	ON & PAYMENT TO:	Soptombol 1, 2017 through December 31, 2020	
	PACIFIC SWIMMING PACIFIC SWIMMING		☐ Individual \$68.00	
1374 LUPINE COURT ☐ Life \$1.000.00	1374 LUPINE COURT		☐ Life \$1.000.00	
CONCORD, CA 94521	CONCORD,	CA 94521	. ,	

REGISTRATION DATE: _____ CHECK # _____