

## 2021 NON-ATHLETE REGISTRATION APPLICATION

LSC: Southeastern Swimming, Inc

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFOR			THAT CONTAC	CT INFORMATION IS CORI	TION IS CORRECT AND UP TO DATE: MIDDLE NAME	
LAST	NAME	LEG	AL FIRST NAME		WIDDLE NAME	
Have you ever been a mem	ber of USA Swimming und	I Ler a different last name	? If ves. please i	provide that name:		
Previously registered v	_					
PREFERRED NAM	_	_	X (M-F) CLUB		CLUB NAME	
(Bill, Beth, Scooter, Liz, Bobby)	(Re		l Llf n	ot affiliated with a club, enter "Unatt	ached"	
		MAILING ADDRESS				
	CITY		STATE	ZIP CODE		
AREA CODE TELEPHON	NE NO. AREA CODE	TELEPHONE NO. EX	KTENSION A	REA CODE <b>TELEPHONE NO.</b>	$\neg$	
HOME	WORK		MOBILE			
	E-MAIL ADDRESS		$\neg$			
IF ANY OF THE AB	OVE INFORMATION CHANGES	DURING THE YEAR – PL	EASE NOTIFY YOU	R LSC REGISTRATION/MEMBEI	RSHIP PERSON OF THE CHANGES	
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices  CITIZENSHIP/FINA:						
□ Q. Black or African American       □ R. Asian       U.S. Citizen: □ Yes □ No         □ S. White       □ T. Hispanic or Latino       Are you a member of another FINA federation: □ Yes □ No						
☐ U. American Indian & Alaska Native ☐ V. Some Other Race If Yes, which federation:						
☐ W. Native Hawaiian	& Other Pacific Islander					
☐ Check if you would like t	o learn more about the USA	A Swimming Foundatio	n's initiatives			
☐ Check if you would like t	o receive the electronic US	A Swimming Newslette	r			
MEMBERSHIP CODE: Ch						
☐ Junior Coach - ages 16 & 17 ☐ Coach-Full Time (Employed full time as a coach)  No background check required, requires Athlete Protection Training  Requires a Background Check & Athlete Protection Training						
☐ Coach-Part Time (Primary employment is NOT coaching)  Requires a Background Check & Athlete Protection Training						
☐ Certified Official (Since the control of the con	tarter, Stroke & Turn, Meet Meet Director, Meet Manage	er, etc.)	e, etc.) Re Re		& Athlete Protection Training     & Athlete Protection Training	
If coach, primary age group	that you coach (may be me	ore than one):   10-	Un 🗌 11-12	□ 13-14 □ 15-18 □ 1	9+   Masters	
NON-ATHLETES						
BGC at <a href="https://www.usaswimming.org/backgroundcheck">www.usaswimming.org/apt</a> COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications						
EDUCATION REQUIREMENT FOR COACHES at: <a href="https://www.usaswimming.org/foc">www.usaswimming.org/foc</a>						
<ul> <li>An individual registering as a coach for the first time must complete the online Foundations of Coaching 101 test <u>prior</u> to becoming a Coach Member.</li> <li>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.</li> </ul>						
USADA Coach's Advantage Tutorial at <a href="https://www.usaswimming.org/learn">www.usaswimming.org/learn</a>						
				LE AT www.usaswimming		
COACHES AND OFFICIALS: Concussion Protocol Training - Courses from the <u>Center for Disease Control and Prevention (CDC)</u> or the <u>National Federation</u> of <u>State High School Associations (NFHS)</u> , as well as individual states' required courses will satisfy the USA Swimming requirement.						
☐ By becoming a member			_		_	
☐ 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 that I must complete Athlete Protection Training.						
	g.					
Signature Date				2020 RI	2020 REGISTRATION FEE	
By signing this application, I verify that the above is true and correct.				June 1, 2020 through December 31, 2021 USA Swimming Fee + LSC Fee = TOTAL DUE		
MAKE CHECK PAYABLE TO:	MAIL APPLICATION & PA	YMENT TO:		-	Fee + LSC Fee = <b>TOTAL DUE</b> .00 + \$12.00 = \$76.00	
YOUR CLUB or LSC	MAILING ADDRESS- give to your club or if Unattached mail to:			.00 + =		
	327 East Longleaf					
FOR LOCATION AND THE	Auburn, AL 36832					
FOR LSC REGISTRAR US				0700 01" "15	ODT	
BGC					CPT	
CPR	FOC 101	FOC 201		Rules & Regs		