

2022 NON-ATHLETE REGISTRATION APPLICATION LSC:

| PLEASE PRINT LEGIBLY ● C | | | THAT CONTACT I | NFORMATION IS CORRECT | AND UP TO DATE: MIDDLE NAME |
|--|-------------------------|------------------------|------------------------|---|-----------------------------|
| LAUTINA | | | ETHOTNAME | | MIDDLE NAME |
| Have you ever been a member | | a different last name? | If yes inlease nrov | vide that name: | |
| Previously registered with | _ | | | | |
| PREFERRED NAME | _ | - | (M-F) CLUB COI | | JB NAME |
| | | | | | |
| (Bill, Beth, Scooter, Liz, Bobby) | (Requ | | If not at | filiated with a club, enter "Unattached" | |
| | IML | AILING ADDRESS | | | |
| | CITY | | STATE | ZIP CODE | |
| | CITT | | SIAIE | ZIF CODE | |
| AREA CODE TELEPHONE N | NO. AREA CODE | TELEPHONE NO. EX | TENSION AREA | CODE TELEPHONE NO. | |
| HOME | WORK | TELET HONE NO. | MOBILE | TEEEI HONE NO. | |
| HOME | | | WOBILE | | |
| E-MAIL ADDRESS | | | | | |
| IF ANY OF THE AROVI | E INFORMATION CHANGES I | DURING THE YEAR _ PLF | ASE NOTIFY YOUR IS | SC REGISTRATION/MEMBERSHIP | PERSON OF THE CHANGES |
| | | | CITIZENS | | PERSON OF THE CHANGES |
| RACE AND ETHNICITY (OPTIONAL): You may check up to two choices 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 & A | | Some Other Race | If Yes, | which federation: | |
| ☐ 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 | | | | | |
| ☐ Junior Coach - ages 16 & 17 (no background check required) | | | | | |
| ☐ Coach-Full Time (Employed full time as a coach) ☐ Coach-Part Time (Primary employment is NOT coaching) | | | | | |
| Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) | | | | | |
| Other (Chaperone, Mee | | | | , | _ |
| 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 Coaches certifications | | | | | |
| EDUCATION REQUIREMENT FOR COACHES at: 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 STSC for Swim Coaches | | | | | |
| 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 o | f USA Swimming, I here | bv agree to abide by | the rules, regulati | ions and Code of Conduct o | f USA Swimmina. |
| ☐ 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 Victims 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 | | ablae by raies and re | guiations of the M | moi Admete Abase i reventi | on r oney and that r mast |
| | | | | | |
| Signature Date By signing this application, I verify that the above is true and correct. | | | | 2022 REGISTRATION FEE September 1, 2021 through December 31, 2022 | |
| MAKE CHECK PAYABLE TO: MAIL APPLICATION & PAYMENT TO: | | | | · · · · · · · · · · · · · · · · · · · | + LSC Fee = TOTAL DUE |
| | | WENT TO: | | ☐ Individual \$72.00 | - TOTAL DOE |
| Sierra Nevada Swimming | SNS Registrar | Linda C∆ 05673 | | ☐ Life \$1,006.00 | |
| 6721 5th Street Rio Linda, CA 95673 FOR LSC REGISTRAR USE 0 REGISTRATION DATE | | | | | |
| | О Агі | 3130 | • | STSC-ONLINE | |
| | FOC 101 | | | Rules & Regs | |
| ~. 1. | | | ' | | _ |