	LSC: PACIFIC NOR	
PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATION:		
	EGAL FIRST NAME	MIDDLE NAME
Have you ever been a member of USA Swimming under a different last na		
Previously registered with USA Swimming? Yes No If registered PREFERRED NAME DATE OF BIRTH (MO/DAY/YR)	in a different LSC, which LSC: SEX (M-F) CLUB CODE	CLUB NAME
(Required)		
MAILING ADDRESS		
CITY	STATE ZIP C	ODE
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 Coach-Full Time (primary income is from coaching) Coach-P COACHES – Provide proof of the following current safety 		
NOTE – All coaches must have a current USA Swimming		Salety Training for Swift Coaches
First year coaches must meet the education req	uirement before renewing for the s	econd year
2. If coach, primary age group that you coach (may be more than one):		
3. Race and Ethnicity: Q. Black or African American R. Asian V. Some Other Race W. Native Hawaiia		
IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR TI LAST NAME	EGAL FIRST NAME	
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USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.
CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

2009 NON-ATHLETE REGISTRATION APPLICATION