

2014 NON-ATHLETE REGISTRATION APPLICATION LSC: MIDDLE ATLANTIC SWIMMING

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATI	ON TO ENSURE THAT CON	FACT INFORMATION IS CORRECT AND UP TO DATE:
LAST NAME	LEGAL FIRST NAM	IE 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? PATE OF PIPTURE	· ·	
PREFERRED NAME DATE OF BIRTH (N	MO/DAY/YR) SEX (M-F) CL	UB CODE CLUB NAME
(Bill, Beth, Scooter, Liz, Bobby) (Required) If not affiliated with a club, enter "Unattached"		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
	EPHONE NO. EXTENSION	AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO.
HOME WORK WORK		X
E-MAIL ADDRESS		
IF ANY OF THE ABOVE INCORMATION CHANCES BURGE	IO THE VEAD BY EACH NOTICE	YOUR LOO REGISTRATION/MEMBERSHIP REPOSIT OF THE GUARGES
IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES		
RACE AND ETHNICITY: 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		
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 Coach-Full Time (Employed full time as a coach) Requires a Level 2 Background Check & Athlete Protection Training		
☐ Coach-Part Time (Primary employment is NOT coaching) ☐ Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Requires a Level 2 Background Check & Athlete Protection Training Requires a Level 2 Background Check & Athlete Protection Training		
Other (Chaperone, Meet Director, Meet Manager, etc.) Requires a Level 1 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		
ALL NON-ATHLETES must have a current USA Swimming Background Check and Athlete Protection Training BGC at www.usaswimming.org/backgroundcheck		
COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications		
 EDUCATION REQUIREMENT FOR COACHES: 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. 		
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.		
 Unless the original Foundations of Coaching test was completed previously, a coach who joined prior to Feb. 4, 2013 must complete the online tests for Foundations 101, and 201, as well as Rules and Regulations prior to registering as a coach for a second year. 		
ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember		
☐ CHECK IF APPLYING FOR A FAMILY MEMBERSHIP – ATTACH A SECOND COMPLETED NON-ATHLETE APPLICATION FOR THE SECOND		
FAMILY MEMBER		
By becoming a member of USA Swimming, I hereby agree regulations and Code of Conduct of USA Swimming.	e to abide by the rules,	
regulations and code of conduct of COA Swittining.		2014 REGISTRATION FEE September 1, 2013 through December 31, 2014
Signature Date		USA Swimming Fee + LSC Fee = TOTAL DUE
By signing this application I verify that the above is true	and correct.	\square Individual \$50.00 + \$10.00 = \$60.00
MAKE CHECK PAYABLE TO:		☐ Family \$100.00 + \$25.00 = \$125.00 ☐ Life \$1,000.00 + \$0 = \$1,000
Middle Atlantic Swimming		
MAIL APPLICATION & PAYMENT TO:		
Middle Atlantic Swimming Attn: Registration		
2150 New Castle Avenue		
New Castle, DE 19720		
FOR LSC REGISTRAR USE ONLY: REGISTRATION D	DATE	
BGC APT ST	ΓSC L	G+ ONLINE ST TEST
CPR FOC 101	FOC 201	Rules & Regs Y Principles