



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY & COMPLETE ALL INFORMATION:

NAME FIELDS: LAST NAME, LEGAL FIRST NAME, 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? Yes No If registered in a different LSC, which LSC:

PERSONAL INFO FIELDS: PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE INFO: HOME, WORK, FAX, CELL (AREA CODE, TELEPHONE NO., EXTENSION)

E-MAIL ADDRESS

CHECK ALL THAT APPLY:

- 1. Coach-Full Time (primary income is from coaching) Coach-Part Time (primary income is NOT from coaching) Official Other

COACHES - Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches
NOTE - All coaches must have a current USA Swimming background screen
First year coaches must meet the education requirement before renewing for the second year

- 2. If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters
3. Race and Ethnicity: 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 (You may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

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MAKE CHECK PAYABLE TO:

*** Contact your local swim club ***

MAIL APPLICATION & PAYMENT TO:

Sherry Miller
5813 W. Karen Drive
Sioux Falls SD 57106

REGISTRATION FEE table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual (\$45.00 + \$5.00 = \$50.00), Family (\$87.50 + \$5.00 = \$92.50), Life (\$1,000.00 + \$5.00 = \$1,005.00)