



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

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:

PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME fields

(Required) MAILING ADDRESS

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

HOME, WORK, FAX, CELL phone number fields with area codes and extensions

E-MAIL ADDRESS field

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:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields for family member

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:

PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME fields for family member

(Required)

WORK, FAX, CELL phone number fields for family member

E-MAIL ADDRESS field for family member

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.)

MAKE CHECK PAYABLE TO:

SD Swimming

MAIL APPLICATION & PAYMENT TO:

Sherry Miller
5813 W Karen Dr
Sioux Falls, SD 57106
Sherry.miller@sio.midco.net

REGISTRATION FEE table with columns for USA Swimming Fee, LSC Fee, and TOTAL DUE. Rows include Individual, Family, and Life fees.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify 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
Check if you would like to receive the electronic USA Swimming Newsletter