

## 2019 NON-ATHLETE REGISTRATION APPLICATION LSC: San Diego-Imperial Swimming

## PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

| LAST NAME  |  | LEGAL FIRST NAME  |              |                |   | MIDDLE NAME                           |                                 |  |
|--|--|-------------------|--------------|----------------|---|---------------------------------------|---------------------------------|--|
|  | I  |                   |              |                |   |                                       |                                 |  |
| 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 and a different last name in yes, please provide unit name.  |  |                   |              |                |   |                                       |                                 |  |
| PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) SEX (M-F) CLUB CODE CLUB NAME   |  |                   |              |                |   |                                       |                                 |  |
|  | ] [  |                   |              |                |   |                                       |                                 |  |
| (Bill, Beth, Scooter, Liz, Bobby)  |  | juired)           |              | If not af      | filiated with a cl                              | ub, enter "Unattached"                |                                 |  |
| MAILING ADDRESS  |  |                   |              |                |   |                                       |                                 |  |
|  |  |                   |              |                |   |                                       |                                 |  |
| СІТҮ   |  |                   |              |                | ZII   | P CODE                                | -                               |  |
|  |  |                   |              |                |   | _                                     |                                 |  |
| AREA CODE TELEPHONE NO.  | AREA CODE  | TELEPHONE NO.     |              |                | CODE TELE                                       | PHONE NO.                             | _                               |  |
| номе   | WORK   |                   |              | MOBILE         |   |                                       |                                 |  |
| E-MAIL ADDRESS   |  |                   |              |                |   |                                       |                                 |  |
|  |  |                   |              |                |   |                                       |                                 |  |
| I IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES   |  |                   |              |                |   |                                       |                                 |  |
| RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA:   |  |                   |              |                |   |                                       |                                 |  |
|  |  |                   |              |                |   | tizen: 🗌 Yes 🗌 No                     |                                 |  |
| S. White T. Hispanic or Latino Are you   |  |                   |              |                | a member of another FINA federation: 🗌 Yes 🗌 No |                                       |                                 |  |
| U. American Indian & Alaska Native V. Some Other Race If Yes, which federation:  |  |                   |              |                |   |                                       |                                 |  |
| W. Native Hawaiian & Other Pa  | cific Islander   |                   |              |                |   |                                       |                                 |  |
| Check if you would like to learn more  |  | •                 |              | atives         |   |                                       |                                 |  |
| Check if you would like to receive the   |  | A Swimming News   | letter       |                |   |                                       |                                 |  |
| MEMBERSHIP CODE: Check all that  | apply  |                   |              | N.a. b.a       |   |                                       | . Athlata Daata atian Tasiaisan |  |
|  | □ Junior Coach - ages 16 & 17<br>□ Coach-Full Time (Employed full time as a coach) No background check required, requires Athlete Protection Training<br>Requires a Background Check & Athlete Protection Training |                   |              |                |   |                                       |                                 |  |
| Coach-Part Time (Primary employment is NOT coaching) Requires a Background Check & Athlete Protection Training   |  |                   |              |                |   |                                       |                                 |  |
| Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Other (Chaperone, Meet Director, Meet Manager, etc.) Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training       |  |                   |              |                |   |                                       |                                 |  |
| If coach, primary age group that you co  |  | ,                 | 10-Un 🔽      | •              | 0   |                                       | Ū.                              |  |
| NON-ATHLETES   |  |                   |              |                |   |                                       |                                 |  |
| BGC at www.usaswimming.org/backgroundcheck APT at www.usaswimming.org/protect  |  |                   |              |                |   |                                       |                                 |  |
| COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications<br>EDUCATION REQUIREMENT FOR COACHES at 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.     ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember |  |                   |              |                |   |                                       |                                 |  |
| AUGERTABLE GAFETT REQUIREMENT COURSES AND UNLINE TESTS ARE AVAILABLE AT <u>www.usaswimining.org/coachmember</u>  |  |                   |              |                |   |                                       |                                 |  |
| By becoming a member of USA S  | Swimming, I her  | eby agree to abid | le by the ru | ıles, regulati | ions and Co                                     | de 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 Children from Sexual Abuse and Safe Sport Authorization Act.  |  |                   |              |                |   |                                       |                                 |  |
|  |  |                   |              |                |   |                                       |                                 |  |
| Signature<br>By signing this application I verify the signature  | Date<br>bat the above is   | true and correct  |              |                |   | 2019 REGISTRA                         | ATION FEE                       |  |
| _,ggpp.rea.e enity u   |  |                   | -            |                | :   | September 1, 2018 through             | December 31, 2019               |  |
| MAKE CHECK PAYABLE TO:   |  |                   |              |                |   | •                                     | SC Fee = TOTAL DUE              |  |
| San Diego-Imperial Swimming  |  |                   |              |                | □ Individu<br> □ Life                           | al \$60.00+ \$10.<br>\$1,000.00+ \$10 |                                 |  |
| MAIL APPLICATION & PAYMENT TO:   |  |                   |              |                |   | ψι,000.00+ φ10                        |                                 |  |
| San Diego-Imperial Swimming  | E-mail: off  | ice@si-swimmi     | ing.com      | You can a      | access voi                                      | ur membership carc                    | l by downloading                |  |
| PO Box 1347  |  | 0-525-3748        |              |                |   |                                       | www.usaswimming.org             |  |
| Fallbrook CA 92088   |  |                   |              | and creat      | te a DECK                                       | PASS account.                         |                                 |  |
|  |  |                   |              |                |   |                                       |                                 |  |
| FOR LSC REGISTRAR USE ONLY:  |  | ION DATE          |              |                |   |                                       |                                 |  |
| BGC APT  |  | STSC-LG           |              | 5              | STSC-ONLIN                                      | NE                                    |                                 |  |
| CPR FOC 10   | 1  | FOC 201           |              | F              | Rules & Reg                                     | s                                     |                                 |  |