



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:

Registered last year? Yes No If registered in a different LSC, which LSC:

PERSONAL INFO FIELDS: PREFERRED NAME, DATE OF BIRTH, SEX, CLUB CODE, CLUB NAME

MAILING ADDRESS FIELDS: MAILING ADDRESS, CITY, STATE, ZIP CODE

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

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E-MAIL ADDRESS FIELDS: E-MAIL ADDRESS

CIRCLE ALL THAT APPLY:

- 1. A. Coach-Full Time B. Coach-Part Time C. Official D. Other

COACHES - Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches

- 2. If coach, primary age group that you coach (may be more than one): F. 10-Un G. 11-12 H. 13-14 I. 15-18 J. 19+ K. 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

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

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:

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MAKE CHECK PAYABLE TO:

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MAIL APPLICATION & PAYMENT TO:

Pam Cook 301 Rockledge Dr. Bay Village, OH 44140

REGISTRATION FEE table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual, Family, Life.