###  USA SWIMMING 2019 JUNIOR COACH REGISTRATION APPLICATION [Must be Age 16 or 17]



**LSC: Minnesota Swimming, Inc.**

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

#  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:

##  PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) Age CLUB CODE CLUB NAME

**(Bill, Beth, Scooter, Liz, Bobby)** **(Required) If not affiliated with a club, enter “Unattached”**

##  SEX (M-F) MAILING ADDRESS

##  CITY STATE ZIP CODE

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##  AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO. EXTENSION AREA CODE TELEPHONE NO.

**HOME** **WORK** **MOBILE**

 **E-MAIL ADDRESS**

## *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*

 [ ]  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

**CITIZENSHIP/FINA:**

 U.S. Citizen: [ ]  Yes [ ]  No

 Are you a member of another FINA federation: [ ]  Yes [ ]  No

 If Yes, which federation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  Check if you would like to receive the electronic USA Swimming Newsletter

## MEMBERSHIP CODE: *Check all that apply* [ ]  Junior Coach (Part Time) No background check required, requires Athlete Protection Training

 [ ]  **Junior Coach (Full Time)**  **No background check required**, requires 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

**Junior Coach Requirements**:

**APT** at [www.usaswimming.org/protect](http://www.usaswimming.org/protect) **Current CPR/AED & Safety Training for Swim Coaches certifications**

**Concussion Training**: <https://www.cdc.gov/headsup/youthsports/training/index.html>

**Educational Requirements for Coaches** at[usaswimming.org/FOC](http://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**](http://www.usaswimming.org/coachmember)

 [ ]  ***By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code 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.***

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 **Signature**  **Date**

 ***By signing this application I verify that the above is true and correct.*  APPLICANT MUST SIGN.**

#### 2019 REGISTRATION FEE

**September 1, 2018 through December 31, 2019**

 **USA Swimming Fee + LSC Fee = TOTAL DUE**

#  □ Junior Coach $60.00 + 5.00 = $ 65.00

 **□** Junior Coach **\*** .00 + 5.00 = $ 5.00

  **\*** Already registered for 2019 as a Premium Athlete Member

**MAKE CHECK PAYABLE TO:**

 **Minnesota Swimming, Inc.**

**MAIL APPLICATION & PAYMENT TO:**

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**Minnesota Swimming, Inc.**

**1001 Highway #7**

**Hopkins, MN 55305**

**FOR LSC REGISTRAR USE ONLY:**

REGISTRATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  UPGRADED TO FULL COACH MEMBER / DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_