USA SWIMMING

2021 NON-ATHLETE REGISTRATION APPLICATION

LSC: Minnesota Swimming, Inc. (MN)

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)	SEX (M/F)	CLUB CODE	CLUB NAME
(Bill, Beth, Scooter, Liz, Bobby)	(Required)			If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
		–

	AREA CODE	TELEPHONE NO.		AREA CODE	TELEPHONE NO.	EXTENSION		AREA CODE	TELEPHONE NO.
HOME			WORK				MOBILE		

MEMBER'S E-MAIL ADDRSS	FAMILY E-MAIL ADDRES

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'd like to learn more about the USA Swimming Foundation's initiatives

☐ Check if you'd like to receive the electronic USA Swimming Newsletter

MEMBERSHIP CODE: *Check all that apply*

☐ **Junior Coach – (Only ages 16 & 17)**	**No Background √ Required**; Requires Athlete Protection Training
☐ **Coach-Full Time** (Employed full time as a coach)	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.)	Requires a Background Check & Athlete Protection Training
☐ **Other** (Chaperone, Meet Director, Meet Manager, etc.)	Requires a Background Check & 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

NON-ATHLETES: **BG√** at www.usaswimming.org/backgroundcheck | **APT** at www.usaswimming.org/learn

COACHES: Also requires current **CPR/AED** & **Safety Training for Swim Coaches (STSC)** certifications (both In-Water and Online)

EDUCATION REQUIREMENT FOR COACHES at: www.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 2nd year, the online tests for **Foundations of Coaching 201 and Rules and Regulations** must be completed.
- **USADA Coach's Advantage Tutorial (CAT)** at www.usaswimming.org/learn

ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember

COACHES AND OFFICIALS: **Concussion Protocol Training (CPT)** - Courses from the Center for Disease Control and Prevention (CDC) or the National Federation of State High School Associations (NFHS), as well as individual states' required courses will satisfy the USA Swimming requirement.

MAKE CHECK PAYABLE TO:

MINNESOTA SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

Minnesota Swimming, Inc
1001 Highway #7, Hopkins, MN 55305

Inquiries

Becky: 952-988-4184
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Tracy: 320-247-0940
tmeece@mnswim.org

2021 REGISTRATION FEE

June 1, 2020 through December 31, 2021

	USA Swimming Fee	+	LSC Fee	=	TOTAL DUE
☐ Individual	$ 64.00	+	5.00	=	$ **69.00**
☐ Dual Member	$See Fee Schedule	+	5.00	=	$ _____
☐ Life	$1,000.00	+	5.00	=	$1,005.00

☐ 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.

☐ I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor athlete Abuse Prevention Policy and I have completed Athlete Protection Training.

If joining USA Swimming for the 1st time, you will not be able to complete Athlete Protection Training or Coach Advantage Tutorial until your membership has been processed.

Signature _____ | Date _____

By signing this Application, I verify that the above is true and correct. ***Applicant must sign***

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE_____