



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) MAILING ADDRESS If not affiliated with a club, enter "Unattached"

CITY STATE ZIP CODE

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

HOME WORK MOBILE MEMBER'S E-MAIL ADDRESS FAMILY 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

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

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 receive the electronic USA Swimming Newsletter

MEMBERSHIP CODE: Check all that apply

- Junior Coach - (Only ages 16 & 17)
Coach-Full Time (Employed full time as a coach)
Coach-Part Time (Primary employment is NOT coaching)
Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.)
Other (Chaperone, Meet Director, Meet Manager, etc.)

- No Background Required; Requires Athlete Protection Training
Requires a Background Check & Athlete Protection Training
Requires a Background Check & Athlete Protection Training
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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
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 PO Box 1456, Minnetonka, MN 55345-9909
Inquiries: Becky: bvonderharr@mns swim.org Tracy: 320-247-0940 tmeece@mns swim.org

2022 REGISTRATION FEE
Sept 1, 2021 through December 31, 2022
USA Swimming Fee + LSC Fee = TOTAL DUE
Individual \$ 66.00 + 5.00 = \$ 71.00
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