

# USA SWIMMING COACH-MEMBER VERIFICATION FORM

I certify that I am currently registered as a coach with USA swimming and am eligible to participate as a coach at this meet.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_ Club's LSC: \_\_\_\_\_

This information will be checked with the appropriate LSC registration chairman. Anyone who is not duly coach-registered at the time she/he signs this form will be subject to being fined, suspended or brought to their LSC Board of Review.

Host Club  
Representative: \_\_\_\_\_ Host Club: \_\_\_\_\_  
(Please Print)

Coach attendance (coach initial each day in attendance at meet):

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

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Please send this, along with the coach sign-in sheets to:  
Ohio Swimming c/o Erin Schwab  
2879 Parina Rd  
Brooksville, KY 41004