COACHES SIGN-IN SHEET

Print and sign your name, complete club affiliation

Meet:	Session:	Date:

Name (print)	Name (sign)	Club Affiliation (print)	Date of Expiration on USA Card

Send to or email the OSI Registration Chair:
Erin Schwab, 2879 Parina Rd, Brooksville, KY 41004 (office@swimohio.com)

By signing this sheet, I certify that I am a coach member of USA Swimming and have satisfactorily completed criminal background checks, athlete protection education and have current safety certifications, as required by USA Swimming.

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