Print and sign your name, complete club affiliation

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| Meet: | Session: | Date: |

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| **Name (print)** | **Name (sign)** | **Club Affiliation (print)** | **Date of Expiration on USA Card** |
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Send to or email the OSI Registration Chair:

Erin Schwab, 2879 Parina Rd, Brooksville, KY 41004 ([office@swimohio.com](mailto: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.