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.