USA SWIMMING

REG. DATE / OFFICE USE ONLY

2011 NON-ATHLETE REGISTRATION APPLICATION

LSC: IN

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

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) (Required) | SEX (M-F) | CLUB CODE | CLUB NAME

MAILING ADDRESS

CITY | STATE | ZIP CODE

	AREA CODE	TELEPHONE NO.	EXTENSION
HOME			
WORK			
FAX			
CELL			

E-MAIL ADDRESS | OPTIONAL NAME BADGE – INSERT NAME

CHECK ALL THAT APPLY:

1. ☐ **Coach-Full Time** (primary income is from coaching) ☐ **Coach-Part Time** (primary income is NOT from coaching ☐ **Certified Official** ☐ **Other**

LSC REGISTRAR USE ONLY – enter expiration date of each course

_____**CPR** _____**First Aid** _____**Safety Training** *(Proof of all safety certifications must accompany this form)*

NOTE – All coaches must have a current USA Swimming background screen
First year coaches must meet the education requirement before renewing for the second year

2. If coach, primary age group that you coach (may be more than one): ☐ 10-Un ☐ 11-12 ☐ 13-14 ☐ 15-18 ☐ 19+ ☐ Masters
3. Race and Ethnicity: ☐ 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 (You may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

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

	AREA CODE	TELEPHONE NO.	EXTENSION
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MAKE CHECK PAYABLE TO:

Indiana Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Indiana Swimming
201 S. Capitol Ave, Suite 410
Indianapolis IN 46225-1026
317-237-5780
For questions? lynn@inswimming.org

Postage Paid, Self-Addressed Envelopes required for return of membership card.

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

☐ CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

☐ Check if you would like to receive the electronic USA Swimming Newsletter

Name Badge order:_____

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REGISTRATION FEE (PLEASE CALCULATE)

	USA Swimming		LSC		TOTAL
☐ Individual	$47.00	+	1.00	=	48.00
☐ Family	$92.50	+	1.00	=	93.50

This fee is only valid for NON-ATHLETES. A third family member nor an athlete are eligible under this fee. Family membership must be submitted and paid for same time.

☐ **PER** Coach Surcharge	+	6.00	=_____
☐ PER New/upgrade Official	+	4.00	=_____
☐ PER Renew Official	+	2.00	=_____
☐ PER Official Name Badge	+	10.00	=_____

TOTAL DUE _____