



USA SWIMMING  
 2021 **APPRENTICE OFFICIAL APPLICATION**  
 LSC: Metropolitan Swimming, Inc.

**INITIAL TRAINING  
 SESSION DATE:**

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	MEMBER'S E-MAIL ADDRESS
HOME <input type="text"/>	<input type="text"/>	MOBILE <input type="text"/>	<input type="text"/>	<input type="text"/>

**THIS APPRENTICE OFFICIAL STATUS EXPIRES 60 DAYS FROM THE DATE OF THE INITIAL TRAINING SESSION. CONTACT YOUR LSC OFFICIALS CHAIR FOR FURTHER INSTRUCTIONS.**

***I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy.***

**MAIL OR EMAIL APPLICATION TO:**

**LSC Registrar Contact Info:**  
 Metropolitan Swimming, Inc  
 99 Sheep Pasture Rd  
 Port Jefferson, NY 11777

**LSC OFFICIALS CHAIR:**

**LSC Officials Chair Contact Info:**  
 Mark Amodio  
[amodio@vassar.edu](mailto:amodio@vassar.edu)