



USA SWIMMING

**2013 NON-ATHLETE REGISTRATION APPLICATION
LSC: Florida Swimming, Inc**

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming. For membership to be valid, all non-athletes must have a current USA Swimming background check and complete the Athlete Protection Training requirement.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

(Required)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	EXTENSION	AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.
HOME	<input style="width: 100%;" type="text"/>	WORK	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	FAX	<input style="width: 100%;" type="text"/>	CELL	<input style="width: 100%;" type="text"/>

E-MAIL ADDRESS

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR – PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES

RACE AND ETHNICITY: *You may check up to two choices*

- 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

Check if you would like to learn more about the USA Swimming Foundation's initiatives

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

MEMBERSHIP CODE: *Check all that apply*

- | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Coach-Full Time (Employed full time as a coach) | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Coach-Part Time (Primary employment is NOT coaching) | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Certified Official (Starter, Stroke & Turn, Meet Referee, etc.) | Requires a Level 2 Background Check & Athlete Protection Training |
| <input type="checkbox"/> Other (Chaperone, Meet Director, Meet Manager, etc.) | Requires a Level 1 Background Check & Athlete Protection Training |

If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters

ALL NON-ATHLETES must have a current USA Swimming Background Check and Athlete Protection Training
BGC at www.usaswimming.org/backgroundcheck APT at www.usaswimming.org/protect
COACHES: Provide proof of the following safety requirements: CPR, First Aid and Safety Training for Swim Coaches.
As of 2013, the education requirements for new coaches are changed:

- A new coach who registers on or after February 4, 2013, must complete the online Foundations of Coaching 101 test prior to registration.
- A coach who registers for the second year is still required to complete the current Foundations of Coaching DVD based test prior to registration.

Acceptable safety requirement courses and online tests are available at www.usaswimming.org/coachmember

CHECK IF APPLYING FOR A FAMILY MEMBERSHIP – ATTACH A SECOND COMPLETED NON-ATHLETE APPLICATION FOR THE SECOND FAMILY MEMBER

MAKE CHECK PAYABLE TO:
Florida Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Florida Swimming, Inc.
214 E. Washington St., Suite B
Minneola, FL 34715
Email: FISOffice2@aol.com
Office: 352-242-5145

2013 REGISTRATION FEE			
September 1, 2012 through December 31, 2013			
	USA Swimming Fee	+ LSC Fee	= TOTAL DUE
<input type="checkbox"/>	Individual	\$49.00 + 10.00	= \$59.00
<input type="checkbox"/>	Family	\$97.50 + 10.00	= \$107.50
<input type="checkbox"/>	Life	\$1,000.00 + 10.00	= \$1,010.00

USA Swimming occasionally makes its membership list available to its marketing partners. If you do not wish to receive these mailings, please notify USA Swimming's Member Services at membership@usaswimming.org.

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE _____

BGC _____ APT _____ FOC _____ Y PRINCIPLES COURSE _____

CPR _____ FIRST AID _____ STSC _____ LG _____ + ONLINE ST TEST _____