



**USA SWIMMING**  
**2021 APPRENTICE OFFICIAL APPLICATION**  
**LSC: KY**

**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.	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 and I have completed Athlete Protection Training.***

**MAIL, EMAIL or TEXT APPLICATION TO:**

[kyswim@kylsc.org](mailto:kyswim@kylsc.org)

KY Swimming  
 PO Box 163  
 Wilmore, KY 40390

(859) 539-9091