###  USA SWIMMING 2019 NON-ATHLETE REGISTRATION APPLICATION



 **LSC: MISSISSIPPI SWIMMING**

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

#  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

**(Bill, Beth, Scooter, Liz, Bobby)** **(Required) If not affiliated with a club, enter “Unattached”**

##  MAILING ADDRESS

##  CITY STATE ZIP CODE

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##  AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO. EXTENSION AREA CODE TELEPHONE NO.

**HOME** **WORK** **MOBILE**

 **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 (OPTIONAL):** *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

**CITIZENSHIP/FINA:**

 U.S. Citizen: [ ]  Yes [ ]  No

 Are you a member of another FINA federation: [ ]  Yes [ ]  No

 If Yes, which federation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  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* [ ]  Junior Coach - ages 16 & 17 No background check required, requires Athlete Protection Training

 [ ]  **Coach-Full Time**  (Employed full time as a coach) Requires a Background Check & Athlete Protection Training

 [ ]  **Coach-Part Time**  (Primary employment is NOT coaching) Requires a Background Check & Athlete Protection Training

 [ ]  **Certified Official**  (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Requires a Background Check & Athlete Protection Training

[ ]  **Other**  (Chaperone, Meet Director, Meet Manager, etc.) Requires a 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

**NON-ATHLETES**

 BGC at [www.usaswimming.org/backgroundcheck](http://www.usaswimming.org/backgroundcheck) APT at [www.usaswimming.org/protect](http://www.usaswimming.org/protect)

**COACHES:** Also requires current CPR/AED & Safety Training for Swim Coachescertifications

**EDUCATION REQUIREMENT FOR COACHES** at[usaswimming.org/FOC](http://usaswimming.org/FOC)**:**

* An individual registering as a coach for the first time must complete the online Foundations of Coaching 101 test prior to becoming a Coach Member.
* Prior to registering as a coach for the second year, the online tests for Foundations of Coaching 201 **and** Rules and Regulations must be completed.

**ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT** [**www.usaswimming.org/coachmember**](http://www.usaswimming.org/coachmember)

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

[ ]  ***I acknowledge that when I learn of facts that give reason to suspect that a child has suffered an incident of abuse, including sexual abuse, I must report to law enforcement within 24 hours pursuant to The Protecting Young Children from Sexual Abuse and Safe Sport Authorization Act.***

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Signature Date

#### 2019 REGISTRATION FEE

**September 1, 2018 through December 31, 2019**

 **USA Swimming Fee + LSC Fee = TOTAL DUE**

# □ Individual $60.00 + $2.00 = $62.00

**□** Life $1,000.00 + =

***By signing this application I verify that the above is true and correct.***

**MAKE CHECK PAYABLE TO:**

**MISSISSIPPI SWIMMING**

**MAIL APPLICATION & PAYMENT TO:**

**1038 NORTHPOINTE DR**

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**JACKSON, MS 39211 phone 601-454-7760**

**FOR LSC REGISTRAR USE ONLY:** REGISTRATION DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BGC APT STSC-LG STSC-ONLINE

CPR FOC 101 FOC 201 Rules & Regs \_\_\_\_\_\_\_\_\_\_\_\_\_\_