### USA SWIMMING 2021 OFFICIAL & OTHER REGISTRATION APPLICATION



**LSC: SOUTH CAROLINA 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

–

## 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*

**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

**NON-ATHLETES**  BGC at [www.usaswimming.org/backgroundcheck](http://www.usaswimming.org/backgroundcheck) APT at [www.usaswimming.org/apt](http://www.usaswimming.org/apt)

**CONCUSSSION PROTOCOL TRAINING (OFFICIALS)** Courses from the [Center for Disease Control and Prevention (CDC)](https://www.cdc.gov/headsup/youthsports/training/index.html) or the [**National Federation of State High School Associations (NFHS)**](https://nfhslearn.com/courses/61151/concussion-in-sports), as well as individual states’ required courses will satisfy the USA Swimming requirement.

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***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.***

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. Note: **If joining USA Swimming for the first time, you will not be able to complete Athlete Protection Training until your membership has been processed.**

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Signature Date

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

**MAIL APPLICATION**

**MAKE CHECK PAYABLE TO:**

#### 2021 REGISTRATION FEE

**June 1, 2020 through December 31, 2021**

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

# □ Individual $64.00 + $10.00 = $74.00

**□** Life $1,000.00 + $10.00 = $1,010.00

**South Carolina Swimming**

**South Carolina Swimming, Inc.**

**PO Box 460**

**Six Mile, SC 29682-0460**

**MAIL CHECK & PAYMENT TO:**