USA SWIMMING

2019 NON-ATHLETE REGISTRATION APPLICATION
LSC: Oregon 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*

- ☐ **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)
- ☐ **Trainee Official (** __stroke & turn, __ electronic timer) — 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 APT at www.usaswimming.org/protect

COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications

EDUCATION REQUIREMENT FOR COACHES at 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

☐ ***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.***

_____

Signature Date

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

Make check payable to:

YOUR CLUB and submit to your registrar

MAIL APPLICATION TO:

12655 SW Center St, Suite 330
Beaverton, OR 97005
OR e-mail to:
office@oregonswimming.org

2019 REGISTRATION FEE

September 1, 2018 through December 31, 2019

	USA Swimming Fee	+	LSC Fee	=	TOTAL DUE
☐ Individual	$60.00	+	$10.00	=	$70.00
☐ Other	$60.00	+	$5.00	=	$65.00
☐ Coach	$60.00 + $10.00 + $20.00			=	$90.00

FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE_____

BGC_____ APT_____ STSC-LG _____ STSC-ONLINE _____

CPR_____ FOC 101_____ FOC 201 _____ Rules & Regs _____