

2020 NON-ATHLETE REGISTRATION APPLICATION

LSC: South Texas Swimming

PLEASE PRINT LEGIBLY ● COMPLETE ALL I LAST NAME		EGAL FIRST NAME		MIDDLE NAME
Have you ever been a member of USA Swimming	g under a different last na	ame? If yes, please prov	vide that name:	
Previously registered with USA Swimmir	ng? □ Yes □ No If re	gistered in a different L	SC, which LSC:	
PREFERRED NAME DATE	OF BIRTH (MO/DAY/YR)	SEX (M-F) CLUB COI	DE CLUI	B NAME
(Bill, Beth, Scooter, Liz, Bobby) (Required) MAILING ADDRESS		If not a	ffiliated with a club, enter "Unattached"	
	MAILING ADDRESS			
CITY		STATE	ZIP CODE	
V				
AREA CODE TELEPHONE NO. AREA C	CODE TELEPHONE NO.	L L L L L L L L L L L L L L L L L L L	CODE TELEPHONE NO.	
HOME	TEEL HONE NO.	MOBILE	TEEL HOILE NO.	
		WOBILE		
E-MAIL ADDRESS	j			
IF ANY OF THE ADOME INFORMATION OU	NOTE DUDING THE VEAR	DI FACE NOTICY VOUR L	CO DECICEDATION/MEMBERCIUR E	DEDOON OF THE CHANGES
IF ANY OF THE ABOVE INFORMATION CHA				PERSON OF THE CHANGES
RACE AND ETHNICITY (OPTIONAL): You may	/ cneck up to two cnoices ☐ R. Asian		HIP/FINA: itizen: ☐ Yes ☐ No	
S. White	☐ T. Hispanic or Lating		u a member of another FINA fe	deration: Yes No
U. American Indian & Alaska Native	☐ V. Some Other Race	•	which federation:	
☐ W. Native Hawaiian & Other Pacific Island	ler			
☐ Check if you would like to learn more about th	e USA Swimming Found	ation's initiatives		
☐ Check if you would like to receive the electron				
MEMBERSHIP CODE: Check all that apply				
☐ Junior Coach - ages 16 & 17 ☐ Coach-Full Time (Employed full time as a coach) No background check required, requires Athlete Protection Training Requires a Background Check & Athlete Protection Training				
☐ Coach-Full Time (Employed full time as a ☐ Coach-Part Time (Primary employment is			ires a Background Check & Ath ires a Background Check & Ath	
☐ Certified Official (Starter, Stroke & Turn,	Meet Referee, Administra	ative, etc.) Requ	ires a Background Check & Ath	lete Protection Training
Other (Chaperone, Meet Director, Meet M	• ,	•	ires a Background Check & Ath	•
If coach, primary age group that you coach (may	be more than one):	10-Un	13-14 🔲 15-18 🔲 19+ 📙	Masters
NON-ATHLETES BGC at www.usaswimming.org/background	oundcheck APT at www	v.usaswimming.org/apt		
COACHES: Also requires current CPR/AED &				
 EDUCATION REQUIREMENT FOR COACHES at: www.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 COU	RSES AND ONLINE TES	STS ARE AVAILABLE	AT www.usaswimming.org/c	<u>oachmember</u>
☐ By becoming a member of USA Swimming	I havahu aswaa ta ahid	- b.: 4b	ione and Code of Conduct of	IICA Curimamina
☐ I acknowledge that when I learn of facts the	, , ,	, ,		•
report to law enforcement within 24 hours pur				
☐ I acknowledge that I have reviewed and ag	ree to abide by rules an	d regulations of the M	linor Athlete Abuse Preventio	on Policy and I have completed
Athlete Protection Training.				
Signature E	Date			
By signing this application I verify that the above is true and correct.		2020 REGISTRATION FEE		
			•	ough December 31, 2020
MAKE CHECK PAYABLE TO:			USA Swimming Fee → Individual \$62.00	+ LSC Fee = TOTAL DUE + \$15.00 = \$77.00
South Texas Swimming			☐ Life \$1,000.00	
MAIL APPLICATION & PAYMENT TO:				

O Box 592793 San Antonio, TX 78259

South Texas Swimming