

2021 NON-ATHLETE REGISTRATION APPLICATION LSC: VIRGINIA SWIMMING

LAST NAME		LEGAL FIRST NAME		MIDDLE NAME
lave you ever been a member of USA Swimmir	ng under a different la	st name? If yes, please pro	vide that name:	
Previously registered with USA Swimmi	ng? □ Yes □ No	If registered in a different L	_SC, which LSC:	
PREFERRED NAME DAT	E OF BIRTH (MMDDYY)	SEX (M-F) CLUB CC	DDE CLU	JB NAME
Bill, Beth, Scooter, Liz, Bobby)	(Required)		affiliated with a club, enter "Unattached"	
	MAILING ADDRI	ESS		
CITY			ZIP CODE	
			_	
AREA CODE TELEPHONE NO. AREA	CODE TELEPHONE	NO. EXTENSION AR	EA CODE TELEPHONE NO.	
OME WORK		MOBILE		
E-MAIL ADDRES	<u>s</u>			
IF ANY OF THE ABOVE INFORMATION CH	ANGES DURING THE YE	AR – PLEASE NOTIFY YOUR L	SC REGISTRATION/MEMBERSHIP	PERSON OF THE CHANGES
ACE AND ETHNICITY (OPTIONAL): You ma	ay check up to two ch	oices CITIZENS	SHIP/FINA:	
Q. Black or African American	🗌 R. Asian		Citizen: Yes No	
☐ S. White ☐ U. American Indian & Alaska Native	☐ T. Hispanic or I □ V. Some Other		ou a member of another FINA for , which federation:	
W. Native Hawaiian & Other Pacific Islan				
	he USA Swimming Fo	oundation's initiatives		
Check if you would like to receive the electro	-			
Junior Coach - ages 16 & 17 Coach-Full Time (Employed full time as Coach-Part Time (Primary employment Certified Official (Starter, Stroke & Turn Other (Chaperone, Meet Director, Meet	t is NOT coaching) n, Meet Referee, Adm	Requ Requ ninistrative, etc.) Requ	Background Check Required; A Jires a Background Check & At Jires a Background Check & At Jires a Background Check & At Jires a Background Check & At	hlete Protection Training hlete Protection Training hlete Protection Training
coach, primary age group that you coach (may	be more than one):	□ 10-Un □ 11-12 □] 13-14 🔲 15-18 🗌 19+	Masters
ALL NON-ATHLETES must have a current US				
BGC at <u>www.usaswimming.org/backg</u> COACHES: Also requires current CPR/AED &	<u>coundcheck</u> APT at Safety Training for S	www.usaswimming.org/pro wim Coaches certifications	<u>otect</u>	
EDUCATION REQUIREMENT FOR COACHES	S at usaswimming.org	g/FOC:		
 An individual registering as a coach for Prior to registering as a coach for the set 				
USADA Coach's Advantage Tutorial at	www.usaswimming.o	<u>rg/learn</u>	-	
ACCEPTABLE SAFETY REQUIREMENT COU COACHES AND OFFICIALS: Concussion Pro				
State High School Associations (NFHS), as we				
By becoming a member of USA Swimming, I	hereby agree to abide	e by the rules, regulations a	nd Code of Conduct of USA Sv	vimming.
I acknowledge that when I learn of facts that g				
to law enforcement within 24 hours pursuant i	•	•	•	
I acknowledge that I have reviewed and agree Athlete Protection Policy.	to ablde by rules an	a regulations of the Minor A		and I have completed the
-			2021 REGIST	RATION FEE
ignature	Date		June 1, 2020 through I	
signing this application I verify that the a		rect.		TOTAL DUE
MAKE CHECK PAYABLE TO:			Individual	\$71.00
IRGINIA SWIMMING, INC.			Life	\$1000.00
MAIL APPLICATION & PAYMENT TO:			your computer, filled in, s	
VIRGINIA SWIMMING, INC.			If using a Mac, select 'Pri plication is not complete u	
PO Box 1059 Appomattox, VA 24522		credit card) has been	received. Payment can be	e made by credit card
egistrationchair@virginiaswimming.org	1	through the Payment	Center at <u>www.virginiasw</u>	imming.org.