

**USA SWIMMING****2012 NON-ATHLETE REGISTRATION APPLICATION****LSC: Kentucky Swimming, Inc.**

REG DATE / OFFICE USE ONLY

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming. For membership to be valid, all non-athletes (coaches, officials and others) must have a current USA Swimming background check and complete the Athlete Protection Education requirement.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

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

(Required)

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

AREA CODE

TELEPHONE NO.

EXTENSION

AREA CODE

TELEPHONE NO.

AREA CODE

TELEPHONE NO.

HOME

WORK

FAX

CELL

E-MAIL ADDRESS

CHECK ALL THAT APPLY:

1. ☐ **Coach-Full Time** (primary income is from coaching) ☐ **Coach-Part Time** (primary income is NOT from coaching) ☐ **Certified Official** ☐ **Other**

LSC REGISTRAR USE ONLY – enter expiration date of each course

CPR

First Aid

Safety Training

(Proof of all safety certifications must accompany this form)

NOTE – First year coaches must meet the education requirement before renewing for the second year

2. If coach, primary age group that you coach (may be more than one): ☐ 10-Un ☐ 11-12 ☐ 13-14 ☐ 15-18 ☐ 19+ ☐ Masters

3. Race and Ethnicity: ☐ 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 (You may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

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

(Required)

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MAKE CHECK PAYABLE TO:**Kentucky Swimming****MAIL APPLICATION & PAYMENT TO:****KYLSC**
**2880 Fords Mill Road
 Versailles, KY 40383**
REGISTRATION FEE

	USA Swimming Fee	LSC Fee	TOTAL DUE
<input type="checkbox"/> Individual	\$48.00	+\$7.00	= \$55.00
<input type="checkbox"/> Family	\$95.00	+\$5.00	= \$100.00
<input type="checkbox"/> Life	\$1,000.00	+\$5.00	= \$1,005.00

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

- ☐ 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