



USA SWIMMING

2011 NON-ATHLETE REGISTRATION APPLICATION

LSC: MICHIGAN SWIMMING, INC.

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Name input fields

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

Registration details input fields

(Required)

MAILING ADDRESS

Mailing address input field

CITY

STATE

ZIP CODE

City, state, and zip code input fields

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO. EXTENSION

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

Home, work, fax, and cell phone input fields

E-MAIL ADDRESS

E-mail address input field

CHECK ALL THAT APPLY:

- Coach-Full Time, Coach-Part Time, Certified Official, Other

LSC REGISTRAR USE ONLY - enter expiration date of each course

CPR

First Aid

Safety Training

NOTE - All coaches must have a current USA Swimming background screen

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

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

- 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

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

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Family member name input fields

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

Family member registration details input fields

(Required)

AREA CODE TELEPHONE NO. EXTENSION

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

Family member work, fax, and cell phone input fields

E-MAIL ADDRESS

Family member e-mail address input field

CHECK ALL THAT APPLY:

- Coach-Full Time, Coach-Part Time, Certified Official, Other

LSC REGISTRAR USE ONLY - enter expiration date of each course

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MAKE CHECK PAYABLE TO:

MICHIGAN SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

MICHIGAN SWIMMING OFFICE

JAN CARTMILL

PO BOX 1784

MIDLAND, MI 48641-1784

E-Mail: jbcartmill@hughes.net

(231)690-5847

REGISTRATION FEE

Table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows for Individual and Family fees.

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