

2020 NON-ATHLETE REGISTRATION APPLICATION LSC: OREGON SWIMMING

Rules & Regs

PLEASE PR			MATION TO ENSURE THAT CONTACT INFORMATION IS												
	LAST NAME				LEGA	AL FIRS	INAN	/IE			MIDD	LE NAME			
Have you ov	er been a member of U	SA Swim	ming ur	udor a different last n	amo'	2 If yes	nloa	so provido	that nam	0:					
-	registered with US		-			-									
_	REFERRED NAME		_	BIRTH (MO/DAY/YR)	-	K (M-F)		UB CODE		· · · · · · · · · · · · · · · · · · ·	CLUB NA				
			1												
(Bill, Beth, Scooter, Liz, Bobby) (Required)							<u> </u>	If not affiliat	ed with a clu	b, enter "Unatta	ached"				
				MAILING ADDRESS								1			
CITY						STAT	<u>IE</u>		<u>ZIP</u>	CODE		7			
AREA COD	E TELEPHONE NO.	Λ.	REA CODE	╛	TENSION		ADEA COL	A CODE TELEPHONE NO.							
	TELEPHONE NO.		KEA CODE	TELEPHONE NO.	קרֿ	TENSION			1222	HONE NO.					
HOME	L	WORK			┙┕		MOE	BILE							
	E-M.	AIL ADDR	RESS												
IE	ANY OF THE ABOVE INFO	DMATION	CHANC	ES DUDING THE VEAD	DI E		TIEV \	/OUD 80 E	DECISTRAT	ION/MEMBER	CUID DEDC	ON OE TUI	E CHANCES		
						ASE NO				ION/WEWBER	SHIP PERS	ON OF THE	: CHANGES		
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices Q. Black or African American R. Asian								CITIZENSHIP/FINA: U.S. Citizen: ☐ Yes ☐ No							
S. White T. Hispanic or Latino							Are you a member of another FINA federation: Yes								
☐ U. American Indian & Alaska Native ☐ V. Some Other Race ☐ W. Native Hawaiian & Other Pacific Islander							If Yes, which federation:								
∐ VV. INa	duve Hawalian & Other	racilic is	lanuei												
	ou would like to learn n ou would like to receive			•			itives								
•	IIP CODE: Check all th		Stroriic C	SA Swillining News	ielle	ı									
☐ Junio	r Coach - ages 16 & 1	7											Protection T	Γraining	
 ☐ Coach-Full Time (Employed full time as a coach) ☐ Coach-Part Time (Primary employment is NOT coaching) 							Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training								
☐ Certif	☐ Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) ☐ Other (Chaperone, Meet Director, Meet Manager, etc.) Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training														
	nary age group that you			- ,	101	ın 🗆	11 1	•	•				ii iiaiiiig		
NON-ATHL		coacii (i	nay be	nore triair one).	10-0		11-1	2 🔲 13-	14 🔲 1	3-16 LI	9∓ ∐ IVIa	151615			
BG	C at <u>www.usaswimmin</u>														
COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications 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 <u>prior</u> 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. 															
	BLE SAFETY REQUIRI			•					Ū		Ū		•	eu.	
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	ning a member of US		•	, ,	•			•					•		
☐ 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.													must		
I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy and I have completed Athlete Protection Training. Note: If joining USA Swimming for the first time, you will not be able to complete Athlete Protection Training until your															
	has been processed		y USA	Swimming for the in	15t ti	iiie, yo	u wii	i not be al	oie to coi	npiete Atilie	ele Prolec	uon mai	ning unui ye	oui	
Signature	this application I varie	S, that th	Date							2020 RE	GISTRA	ATION F	FEE		
By signing this application, I verify that the above is true and correct. MAKE CHECK PAYABLE TO:									September 1, 2019 through December 31, 2020						
YOUR CLUB. If unattached use on-line payment system (see b						OW)		_		•			= TOTAL [DUE	
						ow)			Individua Other	* -	00+ \$10. 00+ \$5		= \$72.00 = \$67.00		
MAIL APPLICATION & PAYMENT TO: Please pay on-line at oregonswimming.org									Life	\$1,000.			= \$07.00		
	art registration to c			unt.											
FOR LSC RE	EGISTRAR USE ONLY	: RF	GISTR	ATION DATE											
DOC	ADT		···	etec			_	CTC	C ONI IN	_		CDT			

CPR_____ FOC 101 ____ FOC 201 ____