

## **USA SWIMMING**

## 2022 NON-ATHLETE REGISTRATION APPLICATION LSC: OREGON SWIMMING

Rules & Regs \_\_\_\_\_

			T INFORMATION IS CORRECT	NFORMATION IS CORRECT AND UP TO DATE:	
LAST NAME		LEGAL FIRST NAME		MIDDLE NAME	
Have you ever been a member of USA Swimr	ming under a different lest n	ama? If you place n	ravida that name:		
Previously registered with USA Swimi	· ·				
	ATE OF BIRTH (MM/DD/YY)	SEX (M-F) CLUB C		JB NAME	
T KEI EKKEB NAME	L   L   L	SEX (WI-I)	020	ID NAME	
(Bill, Beth, Scooter, Liz, Bobby)	(Required)	lf no	 t affiliated with a club, enter "Unattached"		
(5.11, 500000, 2.12, 50000),	MAILING ADDRESS		t annucou With a class, cited Conditionion		
CITY		STATE	ZIP CODE		
AREA CODE TELEPHONE NO. AR	EA CODE TELEPHONE NO.	EXTENSION AR	EA CODE TELEPHONE NO.		
HOME WORK		MOBILE			
E-MAIL ADDR	ESS				
IF ANY OF THE ABOVE INFORMATION	CHANGES DURING THE YEAR -	- PLEASE NOTIFY YOUR	LSC REGISTRATION/MEMBERSHIP	PERSON OF THE CHANGES	
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA:					
Q. Black or African American	R. Asian		Citizen: Yes No		
S. White	☐ T. Hispanic or Latin		ou a member of another FINA fe	ederation: Yes No	
<ul><li>☐ U. American Indian &amp; Alaska Native</li><li>☐ W. Native Hawaiian &amp; Other Pacific Isl</li></ul>	☐ V. Some Other Rac	ce If Ye	s, which federation:		
_					
Check if you would like to learn more about					
Check if you would like to receive the elect	ronic USA Swimming News	ietter			
MEMBERSHIP CODE: Check all that apply  Junior Coach - ages 16 & 17 (no back)	karound check required)				
Coach-Full Time (Employed full time as a coach)					
☐ Coach-Part Time (Primary employment is NOT coaching) ☐ Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.)					
☐ Trainee Official: ☐ Stroke and Turn	<u>or</u>	•			
Other (Chaperone, Meet Director, Mee	•		,	—	
If coach, primary age group that you coach (m	ay be more than one):	10-Un	☐ 13-14 ☐ 15-18 ☐ 19+ [	Masters	
NON-ATHLETES  BGC at www usaswimming org/bac	karoundcheck APT at www	w usaswimming org/a	nt		
BGC at <a href="https://www.usaswimming.org/backgroundcheck">www.usaswimming.org/apt</a> COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications					
EDUCATION REQUIREMENT FOR COACH			ions of Coaching 101 tost prior to	a bacoming a Coach Mambar	
<ul> <li>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.</li> <li>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.</li> </ul>					
USADA Coach's Advantage Tutorial			•	•	
ACCEPTABLE SAFETY REQUIREMENT C					
COACHES AND OFFICIALS: Concussion P of State High School Associations (NFHS					
	-				
☐ By becoming a member of USA Swimm	<b>5</b> , , 5	, ,		•	
☐ I acknowledge that when I learn of facts report to law enforcement within 24 hours					
☐ I acknowledge that I have reviewed and					
complete Athlete Protection Training.			2022 REGIS	STRATION FEE	
<del>_</del>	<del></del>		September 1, 2021 ti	hrough December 31, 2022	
Signature Date  By signing this application, I verify that the above is true and correct.				+ LSC Fee = TOTAL DUE	
MAKE CHECK PAYABLE TO: YOUR CLUB OR CALL: 503-747-3702 TO PAY BY CREDIT CARD.			OFFICIAL \$66.00+		
MAIL APPLICATION TO: office@oregonswimming.org or PO Box 449, West Linn, OR 97068			☐ OTHER \$66.00 ·	+ \$5.00 = \$71.00 + \$10.00+\$20.00= \$96.00	
FOR LSC REGISTRAR USE ONLY:			REGISTRATION DATE		
RGC APT	STSC		STSC-ONLINE	CPT	

FOC 101 \_\_\_\_\_ FOC 201 \_\_\_\_