



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Registration form fields: 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:

Registered last year? Yes No If registered in a different LSC, which LSC:

Registration form fields: PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

(Required)

MAILING ADDRESS

MAILING ADDRESS field

Registration form fields: CITY, STATE, ZIP CODE

Registration form fields: HOME, WORK, FAX, CELL telephone numbers

E-MAIL ADDRESS field

CIRCLE ALL THAT APPLY:

- 1. A. Coach-Full Time (primary income is from coaching) B. Coach-Part Time (primary income is NOT from coaching) C. Official D. Other

COACHES - Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches
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

- 2. If coach, primary age group that you coach (may be more than one): F. 10-Un G. 11-12 H. 13-14 I. 15-18 J. 19+ K. 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:

Registration form fields for second 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:

Registered last year? Yes No If registered in a different LSC, which LSC:

Registration form fields for second family member: PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

(Required)

Registration form fields for second family member: WORK, FAX, CELL telephone numbers

E-MAIL ADDRESS field for second family member

CIRCLE ALL THAT APPLY:

- 1. A. Coach-Full Time (primary income is from coaching) B. Coach-Part Time (primary income is NOT from coaching) C. Official D. Other

COACHES - Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches
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- 2. If coach, primary age group that you coach (may be more than one): F. 10-Un G. 11-12 H. 13-14 I. 15-18 J. 19+ K. 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.)

NOTE: Make checks payable to your swim club. The club will in turn make payments to North Carolina Swimming

REGISTRATION FEE table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual, Family, Life.