

## 2020 NON-ATHLETE REGISTRATION APPLICATION LSC: NC

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFOR			RMATION TO ENSURE THAT CONTACT INFORMATI			ION IS CORRECT AND UP TO DATE: MIDDLE NAME	
	LAOT NAME		LLUALTINUT	IVANIL		DDLL NAME	
-	a member of USA Swimmin	_					
	red with USA Swimmir						
PREFERRE	D NAME DATE	OF BIRTH (MO/DAY/YR)	SEX (M-F)	CLUB CODE	CLUB	NAME	
(Bill, Beth, Scooter, Liz, Bob	by)	(Required) MAILING ADDRESS		If not affiliated with	n a club, enter "Unattached"		
		MIAILING ADDICESS					
	CITY		STATE	<u> </u>	ZIP CODE	$\neg$	
					<del>-</del>		
AREA CODE TELI	EPHONE NO. AREA (	ODE TELEPHONE NO.	EXTENSION	AREA CODE T	ELEPHONE NO.		
номе	WORK			MOBILE			
	E-MAIL ADDRESS	· I			<u> </u>		
IF ANY OF T	HE ABOVE INFORMATION CHA	NGES DURING THE YEAR -	- PLEASE NOTI	FY YOUR LSC REGIS	TRATION/MEMBERSHIP PE	RSON OF THE CHANGES	
	TY (OPTIONAL): You may			CITIZENSHIP/FINA			
Q. Black or Afr	• • •	R. Asian		U.S. Citizen:			
S. White		☐ T. Hispanic or Latin	10	_	ber of another FINA fede	eration: Yes No	
U. American Ir	ndian & Alaska Native	☐ V. Some Other Rad	e	If Yes, which fe	deration:		
☐ W. Native Haw	aiian & Other Pacific Island	er					
☐ Check if you would	d like to learn more about th	e USA Swimming Found	lation's initiati	ves			
	like to receive the electron	•					
MEMBERSHIP CODE	E: Check all that apply						
☐ Junior Coach	- ages 16 & 17			No backgrou	nd check required, requ	uires Athlete Protection Traini	
	me (Employed full time as a ime (Primary employment is				ckground Check & Athle		
☐ Certified Office	cial (Starter, Stroke & Turn,	Meet Referee, Administr	rative, etc.)	Requires a Ba	ckground Check & Athle	te Protection Training	
_ ` .	rone, Meet Director, Meet M	,		·	ckground Check & Athle	· ·	
	group that you coach (may	be more than one):	10-Un 🔲 1	1-12 🗌 13-14	☐ 15-18 ☐ 19+ ☐	Masters	
NON-ATHLETES		oundaback ADT at your		og org/ont			
	w.usaswimming.org/backgrequires current CPR/AED &						
<b>EDUCATION REQU</b>	<b>IREMENT FOR COACHES</b>	at: www.usaswimming.o	org/foc				
						pecoming a Coach Member.  Ilations must be completed.	
	ch's Advantage Tutorial at <u>v</u>			g _		ratione must be completed.	
	ETY REQUIREMENT COU			· · · · · · · · · · · · · · · · · · ·			
	FICIALS: Concussion Proto ol Associations (NFHS), a					or the National Federation	
or State High School	or Associations (NFFIS), a	s well as illulvidual states	s required co	urses will satisfy the	e OSA Swiriiriing require	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☐ By becoming a m	nember of USA Swimming	, I hereby agree to abid	le by the rule	s, regulations and	Code of Conduct of U	SA Swimming.	
						luding sexual abuse, I must	
	ement within 24 hours pu at I have reviewed and ag						
complete Athlete Pr		ioo to abrao by raioo ar	ia rogananon				
				_	20 REGISTRATION		
Signature		Date		Septem	ber 1, 2019 through Decemi		
By signing this appl	ication, I verify that the al	ove is true and correct	t.  _	Non Coach		TOTAL DUE	
MAKE CHECK PAYABLE	E TO: MAIL APPLICATIO	N & PAYMENT TO:		Non Coach Junior Coach		\$72.00 \$72.00	
NC SWIMMING	Registrar, NC	Swimmina		Junior Coach   NEW NC Swimr	ning Coach	\$72.00 \$72.00	
	PoBox 30863	J		Coach Renewal	•	\$72.00	
	Charlotte, NC	28230			after 12/20/2019	\$112.00	
				Lifo (payablo on		\$1 000 00	