



REG DATE / OFFICE USE ONLY

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By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming. For membership to be valid, all non-athletes (coaches, officials and others) must have a current USA Swimming background check and complete the Athlete Protection Education requirement (new for 2012)

www.usaswimming.org/protect

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME 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 fields

MAILING ADDRESS, E-MAIL ADDRESS fields

CITY, STATE, ZIP CODE fields

HOME, WORK, FAX, CELL telephone numbers with AREA CODE, TELEPHONE NO., EXTENSION fields

IN Officials Level (ie: Referee, Starter, Technical (Stroke & Turn) or Admin), OPTIONAL OFFICIAL'S NAME BADGE - INSERT NAME ON BADGE

CHECK ALL THAT APPLY:

- 1. Coach-Full Time (primary income is from coaching) Coach-Part Time (primary income is NOT from coaching) Certified Official Other

LSC REGISTRAR USE ONLY - enter expiration date of each course
CPR First Aid Safety Training (Proof of all safety certifications must accompany this form)
NOTE - 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): 10-Un 11-12 13-14 15-18 19+ 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:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME 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:

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MAKE CHECK PAYABLE TO:

Indiana Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Indiana Swimming
201 S. Capitol Ave, Suite 410
Indianapolis IN 46225-1026
317-237-5780

lynn@inswimming.org

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 USA SWIMMING'S COMMUNITY INITIATIVES
Check if you would like to receive the electronic USA Swimming Newsletter

Date attended a New Officials Clinic:
Referee Instructor's Name:

REGISTRATION FEE (PLEASE CALCULATE)

Table with columns: Individual, Family, PER Coach Surcharge, PER New/upgrade Level Official, PER Renew Official (at same level), PER Official Name Badge (optional), TOTAL DUE

Include a Postage Paid, Self-Addressed Envelope for faster return of membership card.