USA Swimming - **INDIANA**

2008 NON-ATHLETE REGISTRATION APPLICATION

THIS MEMBERSHIP WILL BE VALID FROM 9-1-07 TO 12-31-08

PLEASE PRINT * COMPLETE ALL INFORMATION

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ SEX (M/F) _____ DATE OF BIRTH ____/____/____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

HOME PHONE (____) _____ WORK PHONE (____) _____ FAX (____) _____

E-MAIL ADDRESS _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

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 MUST send original cards of CPR, First Aid, Safety Training for Swim Coaches AND the USA Swimming mandated Background Screen for processing

---FOR INDIANA SWIMMING OFFICE USE ONLY---

CPR_____ FIRST AID_____ SAFETY TRAINING / LIFEGUARDING_____ BACKGROUND SCREEN_____

*2nd USA Swimming registration year - COACHES EDUCATION CURRICULUM COMPLETED: ___ YES ___ NO __ GRANDFATHERED

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. Ethnicity: Q African American R Asian or Pacific Islander S Caucasian T Hispanic U Native American V Other W Decline
   (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES ALSO:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ SEX (M/F) _____ DATE OF BIRTH ____/____/____

WORK PHONE (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

CIRCLE ALL THAT APPLY:

4. **A. Coach—Full Time** (primary income is from coaching**) B. Coach—Part Time** (primary income is NOT from coaching) **C. Official D. Other**
   Coaches MUST send original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing

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CPR_____ FIRST AID_____ SAFETY TRAINING / LIFEGUARDING_____ BACKGROUND SCREEN_____

*2nd USA Swimming registration year - COACHES EDUCATION CURRICULUM COMPLETED: ___ YES ___ NO __ GRANDFATHERED

5. 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
6. Ethnicity: Q African American R Asian or Pacific Islander S Caucasian T Hispanic U Native American V Other W Decline
   (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF this will be your 2nd year coaching, you MUST pass the USA Swimming Foundations of Coaching exam. This test is available at www.usaswimming.org We will not be able to process your coach card without notification that you passed this test.

The ONLY way to be "grandfathered" from taking this test is if you have a coach card from 1998 or earlier.

SEND APPLICATION AND PAYMENT TO:

Indiana Swimming, Inc
201 S. Capitol, Suite 410
Indianapolis, IN 46225-1026
317.237.5780 *For Questions Only: lynn@inswimming.org*

MAKE CHECKS PAYABLE TO: INDIANA SWIMMING INC.

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.

USA SWIMMING REGISTRATION FEES:

___Individual $45.00
___Family $86.00

This fee is only valid for two (2) Non-Athletes. A third family member cannot be part of a FAMILY membership. Athlete children are NOT eligible for this fee.
**Family membership must be submitted and paid for together/at-one time. NO "adding family membership by paying the difference" after 1 family member has already joined at the Individual rate.*

____Life $1,001.00

___Coach Surcharge $6.00 per coach

OFFICIALS need to submit this form in conjunction with the OFFICIALS APPLICATION. Everyone must pay the annual USA Swimming membership that is applicable above. Additional fees are denoted on the OFFICIALS APPLICATION (new/upgrade or renewal and name badge fees are in addition to USA Swimming registration fees).