

USA SWIMMING

2015 NON-ATHLETE REGISTRATION APPLICATION



LSC: ARIZONA

Check this box if you DO NOT want Arizona Swimming to use the information below to contact you regarding matters relating to Arizona Swimming. AzSI will not release our information to third parties.

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 must have a current USA Swimming background check and complete the Athlete Protection Training requirement available at www.usaswimming.org under the coaches tab and officials tab.

In most cases non-athlete renewal may be completed the		renewal po	ortal at <u>http://www.a.</u>	zswimming.or	g/online	services.php	
PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMAT	MATION TO ENSURE THAT CONTACT INFORMATION IS CORR				RECT AND UP TO DATE: MIDDLE NAME		
Have you ever been a member of USA Swimming under a o	different last name? If ve	s nlease nr	ovide that name:				
Previously registered with USA Swimming? ☐ Ye							
PREFERRED NAME DATE OF BIRTH	CLUB C						
PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) SEX (M-F) CLUB CO							
(Bill, Beth, Scooter, Liz, Bobby) (Required) If not affiliated with a club, enter "Unattached"							
MAILING ADDRESS							
CITY STATE			ZIP CODE	ZIP CODE			
	_	-					
AREA CODE TELEPHONE NO. AREA CODE TEL	EPHONE NO. EXTENSION	N AREA	CODE TELEPHONE N	D. A	REA CODE	TELEPHONE NO.	
HOME WORK		FAX		MOBILE			
E-MAIL ADDRESS							
IF ANY OF THE ABOVE INFORMATION CHANGES DUR	 PING THE YEAR – PLEASE N	OTIFY YOUR	LSC REGISTRATION/MI	EMBERSHIP PER	SON OF TI	HE CHANGES	
RACE AND ETHNICITY: You may check up to two choice	s	CITIZEN	SHIP/FINA:				
☐ Q. Black or African American ☐ R. Asian U.S. Citizen: ☐ Yes ☐ No							
S. White	spanic or Latino	Are y	ou a member of anot	her FINA feder	ation:] Yes 🔲 No	
U. American Indian & Alaska Native V. Some Other Race If Yes, which federation:							
☐ Check if you would like to learn more about the USA Sw	imming Foundation's init	iatives					
$\hfill\square$ Check if you would like to receive the electronic USA Sw	vimming Newsletter						
MEMBERSHIP CODE: Check all that apply		D	wine a land O Dad		0. 4451-4-	Destruction Testates	
☐ Coach-Full Time (Employed full time as a coach) ☐ Coach-Part Time (Primary employment is NOT coaching) Requires a Level 2 Background Check & Athlete Protection Training Requires a Level 2 Background Check & Athlete Protection Training							
☐ Certified Official Requires a Level 2 Background Check & Athlete Protection Training							
*If registering as an Official for the FIRST time please SELECT: Admin Training OR Stroke & Turn Training & Shirt Size Other (Chaperone, Meet Director, Meet Manager, etc.) Requires a Level 1 Background Check & Athlete Protection Training							
If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters							
				☐ 19+ ☐ N	lasters		
ALL NON-ATHLETES must have a current USA Swimmin BGC at www.usaswimming.org/backgroundcheck							
COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications							
EDUCATION REQUIREMENT FOR COACHES at <u>usaswi</u> An individual registering as a coach for the first tim		ne Foundat	ions of Coaching 101	test prior to be	coming a	Coach Member	
 Prior to registering as a coach for the second year, 							
ACCEPTABLE SAFETY REQUIREMENT COURSES AN			-	_			
By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.			20.	2015 REGISTRATION FEE			
				September 1, 2014 through December 31, 2015			
Cianatura			· ·		•	= TOTAL DUE	
Signature Date By signing this application I verify that the above is true and correct.			☐ Individual	5			
MAKE CHECK PAYABLE TO:							
			☐ Life \$^	,000.00 +	\$12.00	= \$1.012.00	

ARIZONA SWIMMING

MAIL APPLICATION & PAYMENT TO:

Arizona Swimming 1212 E Osborn Rd. Suite 101 Phoenix, AZ 85014