

CPR

FOC 101

2019 NON-ATHLETE REGISTRATION APPLICATION LSC: VIRGINIA SWIMMING

Rules & Regs _____ Y Principles ___

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE: LEGAL FIRST NAME MIDDLE NAME LAST NAME 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: DATE OF BIRTH (MMDDYY) **CLUB NAME** (Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached" (Required) **MAILING ADDRESS** CITY STATE ZIP CODE AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO. AREA CODE TELEPHONE NO. **EXTENSION** HOME WORK MOBILE E-MAIL ADDRESS IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR - PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA: Q. Black or African American R. Asian U.S. Citizen: ☐ Yes ☐ No S. White ☐ T. Hispanic or Latino Are you a member of another FINA federation: Yes No ☐ U. American Indian & Alaska Native □ V. Some Other Race If Yes, which federation: ☐ W. Native Hawaiian & Other Pacific Islander ☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives ☐ Check if you would like to receive the electronic USA Swimming Newsletter MEMBERSHIP CODE: Check all that apply Coach-Part Time (Primary employment is NOT coaching)

Certified Official (Starter Strates 3.7) Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.) Requires a Background Check & Athlete Protection Training Requires a Background Check & Athlete Protection Training Other (Chaperone, Meet Director, Meet Manager, etc.) If coach, primary age group that you coach (may be more than one): ☐ 10-Un ☐ 11-12 ☐ 13-14 ☐ 15-18 ☐ 19+ ☐ Masters ALL NON-ATHLETES must have a current USA Swimming Background Check and Athlete Protection Training COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications EDUCATION REQUIREMENT FOR COACHES at usaswimming.org/FOC: An individual registering as a coach for the first time must complete the online Foundations of Coaching 101 test prior to becoming a Coach Member. Prior to registering as a coach for the second year, the online tests for Foundations of Coaching 201 and Rules and Regulations must be completed. ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming. I acknowledge that when I learn of facts that give reason to suspect that a child has suffered an incident of abuse, including sexual abuse, I must report to law enforcement within 24 hours pursuant to The Protecting Young Children from Sexual Abuse and Safe Sport Authorization Act. 2019 REGISTRATION FEE September 1, 2018 through December 31, 2019 Signature Date USA Swimming Fee + LSC Fee = TOTAL DUE By signing this application I verify that the above is true and correct. \$7.00 = ☐ Individual \$60.00 + \$67.00 \$1,000.00 + \$0.00 = \$1000.00 ☐ Life MAKE CHECK PAYABLE TO: VIRGINIA SWIMMING, INC. Form can be saved to your computer, filled in, saved, and then printed or MAIL APPLICATION & PAYMENT TO: attached to an email. If using a Mac, select 'Print' and then 'Save as PDF' VIRGINIA SWIMMING, INC. before attaching. Application is not complete until payment (by check or PO Box 1059 credit card) has been received. Payment can be made by credit card Appomattox, VA 24522 through the Payment Center at www.virginiaswimming.org. registrationchair@virginiaswimming.org FOR LSC REGISTRAR USE ONLY: REGISTRATION DATE_ STSC-LG _____ STSC -ONLINE ___ BGC

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