

Suite 410

Des Plaines, IL 60018

## 2018 NON-ATHLETE REGISTRATION APPLICATION LSC: ILLINOIS SWIMMING

PLEASE PRINT LEGIBLY   COMPLETE ALL INFORM	IATION TO ENSURE THAT CONTACT I	NFORMATION IS CORRECT AND UP TO DATE:
LAST NAME	LEGAL FIRST NAME	MIDDLE 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:		
PREFERRED NAME DATE OF BIR	TH (MO/DAY/YR) SEX (M-F) CLUB COE	DE CLUB NAME
(Bill, Beth, Scooter, Liz, Bobby)       (Required)       If not affiliated with a club, enter "Unattached"         MAILING ADDRESS		
CITY		ZIP CODE
		_
AREA CODE TELEPHONE NO. AREA CODE	FELEPHONE NO.         EXTENSION         AREA	CODE TELEPHONE NO.
HOME WORK	MOBILE	
IF ANY OF THE ABOVE INFORMATION CHANGES D	URING THE YEAR – PLEASE NOTIFY YOUR LS	C REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES
RACE AND ETHNICITY (OPTIONAL): You may check up to two choices CITIZENSHIP/FINA:		
— — — — — — — — — — — — — — — — — — — —	Ásian U.S. Ci	tizen: 🗌 Yes 🔲 No
—	· · · · ·	a member of another FINA federation: Yes No
<ul> <li>□ U. American Indian &amp; Alaska Native</li> <li>□ V.</li> <li>□ W. Native Hawaiian &amp; Other Pacific Islander</li> </ul>	Some Other Race If Yes,	which federation:
<ul> <li>Check if you would like to learn more about the USA Swimming Foundation's initiatives</li> <li>Check if you would like to receive the electronic USA Swimming Newsletter</li> </ul>		
MEMBERSHIP CODE: Check all that apply Coach-Full Time (Employed full time as a coach Coach-Part Time (Primary employment is NOT) Certified Official (Starter, Stroke & Turn, Meet F Other (Chaperone, Meet Director, Meet Manage	coaching) Requi Referee, Administrative, etc.) Requi	res a Background Check & Athlete Protection Training res a Background Check & Athlete Protection Training res a Background Check & Athlete Protection Training res a 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		
	APT at <u>www.usaswimming.org/prote</u> Fraining for Swim Coaches certifications <u>swimming.org/FOC</u> : time must complete the online Foundatior ear, the online tests for Foundations of Co	ect ns of Coaching 101 test <u>prior</u> to becoming a Coach Member. aching 201 <b>and</b> Rules and Regulations must be completed.
By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.		
Signature Date	true and correct	2018 REGISTRATION FEE
By signing this application I verify that the above is true and correct.		September 1, 2017 through December 31, 2018
MAKE CHECK PAYABLE TO:		USA Swimming Fee + LSC Fee = TOTAL DUE
		□ Individual \$58.00 + \$17.00 = \$75.00 □ Life \$1,000.00 + = \$1000.00
MAIL APPLICATION & PAYMENT TO:		
Illinois Swimming 1400 E Touhy Ave		