



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Registration form fields: 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:

Registration form fields: PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

(Required) MAILING ADDRESS

MAILING ADDRESS field

Registration form fields: CITY, STATE, ZIP CODE

Registration form fields: HOME, WORK, FAX, CELL telephone numbers with area codes and extensions

E-MAIL ADDRESS field

CHECK ALL THAT APPLY:

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

COACHES - Provide proof of the following current safety certifications: CPR, First Aid and Safety Training for Swim Coaches

NOTE - All coaches must have a current USA Swimming background screen

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:

Registration form fields for second family member: 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:

Registration form fields for second family member: PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

(Required)

Registration form fields for second family member: WORK, FAX, CELL telephone numbers with area codes and extensions

E-MAIL ADDRESS field for second family member

CHECK ALL THAT APPLY:

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MAKE CHECK PAYABLE TO:

North Carolina Swimming

MAIL APPLICATION & PAYMENT TO:

Barb Frith
NCS Registrar
P.O. Box 30863
Charlotte, NC 28230

REGISTRATION FEE

Table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual (\$45.00 + \$5.00 = \$50.00), Family (\$87.50 + \$2.50 = \$90.00), Life (\$1,000.00 + \$5.00 = \$1005.00)

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