



REG. DATE / OFFICE USE ONLY

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PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name:

Registered last year? Yes No If registered in a different LSC, which LSC:

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

(Required) MAILING ADDRESS

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

HOME, WORK, FAX, CELL telephone fields with AREA CODE, TELEPHONE NO., EXTENSION

E-MAIL ADDRESS field

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

LSC REGISTRATION USE ONLY - ENTER EXPIRATION DATE OF EACH COURSE. COACHES SAFETY CURRICULUM: CPR, FIRST AID, SAFETY TRAINING. COMPLETED EDUCATION REQ.: 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 (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields for second member

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name:

Registered last year? Yes No If registered in a different LSC, which LSC:

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

(Required)

WORK, FAX, CELL telephone fields for second member with AREA CODE, TELEPHONE NO., EXTENSION

E-MAIL ADDRESS field for second member

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

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MAKE CHECK PAYABLE TO:

FLORIDA SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

Florida Swimming, Inc. 297 E. Hwy. 50, Suite 3 Clermont, Florida 34711

REGISTRATION FEE table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual, Family, Sports Med., Sustaining, Life.

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 BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND