



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

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.)

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

E-MAIL ADDRESS field for second family member

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.)

MAKE CHECK PAYABLE TO:

Oregon Swimming

MAIL APPLICATION & PAYMENT TO:

Oregon Swimming
1750 SW Skyline Blvd. #103
Portland OR 97221

REGISTRATION FEE

Table with 2 columns: Registration Fee Type (Other, Official, Coach) and Amount (\$50.00, \$55.00, \$75.00)

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