



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:

Registered last year? 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

Registration form field: MAILING ADDRESS

Registration form fields: CITY, STATE, ZIP CODE

Registration form fields: HOME, WORK, FAX, CELL telephone numbers

Registration form field: E-MAIL ADDRESS

CIRCLE ALL THAT APPLY:

- 1. A. Coach-Full Time B. Coach-Part Time C. Official D. 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): F. 10-Un G. 11-12 H. 13-14 I. 15-18 J. 19+ K. 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 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:

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

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

Registration form fields for family member: WORK, FAX, CELL telephone numbers

Registration form field for family member: E-MAIL ADDRESS

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MAKE CHECK PAYABLE TO:

Middle Atlantic Swimming

MAIL APPLICATION & PAYMENT TO:

Middle Atlantic Swimming
2150 New Castle Avenue
New Castle, DE 19720

E-mail: deb@maswim.org

REGISTRATION FEE table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows: Individual, Family, 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 LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES