

PLEASE PRINT * COMPLETE ALL INFORMATION

Office Use Only

/ /

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Have you ever been a member of USA Swimming under a different last name? If so provide that name _____
 Registered last year yes no If registered in a different LSC, which LSC _____

PREFERRED NAME

/ /

SEX (M/F)

MAILING ADDRESS

CITY

STATE

ZIP CODE

()
HOME PHONE()
WORK PHONE()
FAX

E-MAIL ADDRESS

CLUB CODE

NAME OF CLUB YOU REPRESENT

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
Coaches MUST send original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing

FOR OFFICE USE ONLY—ENTER EXPIRATION DATE OF EACH COURSE.

COACHES SAFETY CURRICULUM

CPR

FIRST AID

COMPLETED

YES NO SAFETY TRAINING 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 W. Decline
 (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES ALSO:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

/ /

SEX (M/F)

()
WORK PHONE()
FAX

E-Mail address

CIRCLE ALL THAT APPLY:

4. A. Coach—Full Time (primary income is from coaching) B. Coach—Part Time (primary income is NOT from coaching) C. Official D. Other
Coaches MUST send original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing

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COACHES SAFETY CURRICULUM

CPR

FIRST AID

COMPLETED

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5. 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
 6. Ethnicity: Q. African American R. Asian or Pacific Islander S. Caucasian T. Hispanic U. Native American V. Other W. Decline
 (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF this will be your 2nd year coaching, you MUST pass the USA Swimming Foundations of Coaching. This test is available at www.swimmingcoach.org. We will not be able to process your coach card without notification that you passed this test.

The ONLY way to be “grandfathered” from taking this test is if you have a coach card from 1998 or earlier.

SEND APPLICATION AND PAYMENT TO:

Potomac Valley Swimming, Inc
 PO Box 3729
 McLean, VA 22103-3729
 202-549-5750

For Questions Only: register@pvswim.org

USA SWIMMING REGISTRATION FEES:

	USA Swim Fee	LSC Fee	Total
<input type="checkbox"/> Individual	\$40.00	\$5.00	\$45.00
<input type="checkbox"/> Family	\$75.00	\$5.00	\$80.00
<i>This fee only good for Non-Athletes.</i>			
<i>Athlete children are NOT eligible for this fee.</i>			
<input type="checkbox"/> Sports Med	\$50.00	\$5.00	\$55.00
<input type="checkbox"/> Sustaining	\$100.00	\$5.00	\$105.00
<input type="checkbox"/> Life	\$750.00	\$5.00	\$755.00

MAKE CHECKS PAYABLE TO: **POTOMAC VALLEY SWIMMING**

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.
 ANNUAL MEMBERSHIP DUES OF \$25.00 OR MORE INCLUDE \$2 FOR A 1-YEAR SUBSCRIPTION TO SPLASH.