



**2007 NON-ATHLETE REGISTRATION APPLICATION  
LSC: POTOMAC VALLEY SWIMMING**

REGISTRATION DATE  
OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

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: \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ BIRTHDAY: M/D/Y \_\_\_\_\_ SEX M-F \_\_\_\_\_ CLUB CODE \_\_\_\_\_ CLUB NAME \_\_\_\_\_

(Required)  
MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME AREA CODE TELEPHONE NO. WORK AREA CODE TELEPHONE NO. EXTENSION FAX AREA CODE TELEPHONE NO. CELL AREA CODE TELEPHONE NO.

E-MAIL ADDRESS \_\_\_\_\_

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  Yes  No  
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 \_\_\_\_\_

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 \_\_\_\_\_ BIRTHDAY: M/D/Y \_\_\_\_\_ SEX M-F \_\_\_\_\_ CLUB CODE \_\_\_\_\_ CLUB NAME \_\_\_\_\_

(Required)  
WORK AREA CODE TELEPHONE NO. EXTENSION FAX AREA CODE TELEPHONE NO. CELL AREA CODE TELEPHONE NO.

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MAKE CHECK PAYABLE TO:

**POTOMAC VALLEY SWIMMING**

MAIL APPLICATION & PAYMENT TO:

**POTOMAC VALLEY SWIMMING**  
P.O. BOX 3729  
MCLEAN, VA 22103-3729  
E-Mail: register@pvswim.org  
202/549-5750

Check No: \_\_\_\_\_  
Check Date: \_\_\_\_\_

	REGISTRATION FEE		TOTAL DUE
	USA Swimming Fee	LSC Fee	
<input type="checkbox"/> Individual	43.00	+ 0.00	= \$43.00
<input type="checkbox"/> Family	82.50	+ 0.00	= \$82.50
<input type="checkbox"/> Sports Med.	50.00	+ 0.00	= \$50.00
<input type="checkbox"/> Sustaining	100.00	+ 0.00	= \$100.00
<input type="checkbox"/> Life	750.00	+ 0.00	= \$750.00

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