

2009 Non-Athlete Application

Instructions to an official and a non-coach:

- 2009 USA Swimming Membership is valid from **09/01/2008 through 12/31/2009**
- A total registration fee of \$45 or \$87.50 (for Family) must be mailed with this application (checks only)
- An official registered in 2008 will receive **a renewal form** from PVS. The form will indicate if your registration fee is waived

Instructions to a coach:

- 2009 USA Swimming Membership is valid from **09/01/2008 through 12/31/2009**
- A total registration fee of \$45 or \$87.50 (for Family) must be mailed with this application (checks only)
- All PVS clubs will receive **renewal forms** for their coaches registered in 2007-2008 season. Please check your club's registrar or safety coordinator
- Please mail the proof of valid CPR/First Aid/Safety Training with this application. The copies of cards, course attendance sheets, and letters from the instructor will be accepted
- Background screening should be completed before you apply
- Passing grade for "Foundations of coaching" is required for the second year coach
- The details of requirements and USA approved courses are listed at <http://www.usaswimming.org/USASWeb/DesktopDefault.aspx?TabId=61&Alias=Rainbow&Lang=en>
- If any of requirements are not met or expired, the application will be rejected



USA SWIMMING

**2009 NON-ATHLETE REGISTRATION APPLICATION
LSC: POTOMAC VALLEY SWIMMING**

REGISTRATION DATE
OFFICE USE ONLY

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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 _____

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.)

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: _____

Previously registered with USA Swimming? 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.

E-MAIL ADDRESS _____

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. 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:

POTOMAC VALLEY SWIMMING

MAIL APPLICATION & PAYMENT TO:

Potomac Valley Swimming
P.O. Box 3729
McLean, VA 22103-3729
Email: register@pvs swim.org
202-549-5750

Check No: _____

Check Date: _____

REGISTRATION FEE			
	USA Swimming Fee	LSC Fee	TOTAL DUE
<input type="checkbox"/> Individual	\$45.00	+ 0.00	= \$45.00
<input type="checkbox"/> Family	\$87.50	+ 0.00	= \$87.50
<input type="checkbox"/> Life	\$1,000.00	+ 0.00	= \$1,000.00

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