

2010 Non-Athlete Application

Instructions to an official and a non-coach:

- 2010 USA Swimming Membership is valid from **09/01/2009 through 12/31/2010**
- A total registration fee of \$46 or \$90 (for Family) must be mailed with this application (checks only)
- An official registered in 2009 will receive **a renewal form or a card** (for an official whose fee is waived)

Instructions to a coach:

- 2010 USA Swimming Membership is valid from **09/01/2009 through 12/31/2010**
- A total registration fee of \$46 or \$90 (for Family) must be mailed with this application (checks only)
- All PVS clubs will receive **renewal forms** for their coaches registered in 2008-2009 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

**2010 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: _____

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) MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME [AREA CODE] TELEPHONE NO. [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: O. 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) MAILING ADDRESS _____

WORK [AREA CODE] TELEPHONE NO. [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: O. 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@pvswim.org
202-549-5750

Check No: _____

Check Date: _____

	REGISTRATION FEE		
	USA Swimming Fee	LSC Fee	TOTAL DUE
<input type="checkbox"/> Individual	\$46.00	+ \$0.00	= \$46.00
<input type="checkbox"/> Family	\$90.00	+ \$0.00	= \$90.00
<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
 Check if you would like to receive the electronic USA Swimming Newsletter