



2017 NON-ATHLETE REGISTRATION APPLICATION
LSC: Metropolitan Swimming, Inc.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

Form fields for LAST NAME, LEGAL FIRST NAME, and 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:

Form fields for PREFERRED NAME, DATE OF BIRTH (MO/DAY/YR), SEX (M-F), CLUB CODE, and CLUB NAME.

(Bill, Beth, Scooter, Liz, Bobby) (Required) MAILING ADDRESS If not affiliated with a club, enter "Unattached"

Form field for MAILING ADDRESS.

Form fields for CITY, STATE, and ZIP CODE.

Form fields for HOME and MOBILE telephone numbers, including AREA CODE, TELEPHONE NO., and EXTENSION.

Form field for E-MAIL ADDRESS.

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR - PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES

RACE AND ETHNICITY (OPTIONAL): You may check up to two choices

- 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

CITIZENSHIP/FINA:

- U.S. Citizen: Yes No
Are you a member of another FINA federation: Yes No
If Yes, which federation:

- Check if you would like to learn more about the USA Swimming Foundation's initiatives
Check if you would like to receive the electronic USA Swimming Newsletter

MEMBERSHIP CODE: Check all that apply

- Coach-Full Time (Employed full time as a coach)
Coach-Part Time (Primary employment is NOT coaching)
Certified Official (Starter, Stroke & Turn, Meet Referee, Administrative, etc.)
Other (Chaperone, Meet Director, Meet Manager, etc.)

- Requires a Background Check & Athlete Protection Training
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If coach, primary age group that you coach (may be more than one): 10-Un 11-12 13-14 15-18 19+ Masters

ALL NON-ATHLETES must have a current USA Swimming Background Check and Athlete Protection Training
BGC at www.usaswimming.org/backgroundcheck APT at www.usaswimming.org/protect
COACHES: Also requires current CPR/AED & Safety Training for Swim Coaches certifications
EDUCATION REQUIREMENT FOR COACHES at www.usaswimming.org/FOC:
ACCEPTABLE SAFETY REQUIREMENT COURSES AND ONLINE TESTS ARE AVAILABLE AT www.usaswimming.org/coachmember

By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.

Signature Date
By signing this application I verify that the above is true and correct.

MAKE CHECK PAYABLE TO:

Metropolitan Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Metropolitan Swimming, Inc.
99 Sheep Pasture Road
Port Jefferson, NY 11777

Table with 2017 REGISTRATION FEE, September 1, 2016 through December 31, 2017, and fee breakdown for Individual and Life memberships.

Credit Card payments - please print legibly:

Name on Credit Card Type Of Card:: MC D AMEX V

Card Number: Expiration Date: Code: