



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

NAME FIELDS: 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:

PERSONAL INFO FIELDS: PREFERRED NAME, DATE OF BIRTH, SEX, CLUB CODE, CLUB NAME

MAILING ADDRESS FIELDS: MAILING ADDRESS, CITY, STATE, ZIP CODE

TELEPHONE FIELDS: HOME, WORK, FAX, CELL

TELEPHONE FIELDS: HOME, WORK, FAX, CELL (continued)

E-MAIL ADDRESS FIELDS: E-MAIL ADDRESS

CHECK ALL THAT APPLY:

- Coach-Full Time, Coach-Part Time, 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

- If coach, primary age group that you coach (may be more than one): 10-Un, 11-12, 13-14, 15-18, 19+, Masters
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

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES FOR THE SECOND NON-ATHLETE FAMILY MEMBER:

NAME FIELDS: 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:

PERSONAL INFO FIELDS: PREFERRED NAME, DATE OF BIRTH, SEX, CLUB CODE, CLUB NAME

TELEPHONE FIELDS: WORK, FAX, CELL

E-MAIL ADDRESS FIELDS: E-MAIL ADDRESS

CHECK ALL THAT APPLY:

- Coach-Full Time, Coach-Part Time, 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

- If coach, primary age group that you coach (may be more than one): 10-Un, 11-12, 13-14, 15-18, 19+, Masters
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

MAKE CHECK PAYABLE TO:

ILLINOIS SWIMMING

MAIL APPLICATION & PAYMENT TO:

Illinois Swimming
1400 E Touhy Avenue
Suite 245
Des Plaines, IL 60018

REGISTRATION FEE table with columns for USA Swimming Fee, LSC Fee, and TOTAL DUE. Includes options for Individual, Family, and Life membership.

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