USA Swimming - SIERRA NEVADA SWIMMING 2008 NON-ATHLETE REGISTRATION APPLICATION

THIS MEMBERSHIP WILL BE VALID FROM 9-1-07 TO 12-31-08

*PLEASE PRINT * COMPLETE ALL INFORMATION*

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ SEX (M/F) _____ DATE OF BIRTH ____/____/____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ - _____

HOME PHONE (____) _____ WORK PHONE (____) _____ FAX (____) _____

E-MAIL ADDRESS _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____

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
   Coaches MUST send original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing

FOR OFFICE USE ONLY—ENTER EXPIRATION DATE OF EACH COURSE.

COACHES SAFETY CURRICULUM COMPLETED ___ YES ___ NO

_____ CPR _____ FIRST AID _____ SAFETY TRAINING 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 W Decline
   (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF FAMILY MEMBERSHIP, PLEASE COMPLETE THESE LINES ALSO:

LAST NAME _____ LEGAL FIRST NAME _____ MIDDLE NAME _____

PREFERRED NAME _____ SEX (M/F) _____ DATE OF BIRTH ____/____/____

WORK PHONE (____) _____ FAX (____) _____

E-MAIL ADDRESS _____

CIRCLE ALL THAT APPLY:

4. A. Coach—Full Time (primary income is from coaching) B. Coach—Part Time (primary income is NOT from coaching) C. Official D. Other
   Coaches MUST send original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing

FOR OFFICE USE ONLY—ENTER EXPIRATION DATE OF EACH COURSE.

COACHES SAFETY CURRICULUM COMPLETED ___ YES ___ NO

_____ CPR _____ FIRST AID _____ SAFETY TRAINING EDUCATION REQ.: __ GRANDFATHERED

5. 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
6. Ethnicity: Q African American R Asian or Pacific Islander S Caucasian T Hispanic U Native American V Other W Decline
   (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

IF this will be your 2nd year coaching, you MUST pass the USA Swimming Foundations of Coaching. This test is available at www.swimmingcoach.org We will not be able to process your coach card without notification that you passed this test.

The ONLY way to be "grandfathered" from taking this test is if you have a coach card from 1998 or earlier.

USA SWIMMING REGISTRATION FEES:

___Individual $49.00

___Family $95.00

This fee is only valid for two (2) Non-Athletes. A third family member cannot be part of a FAMILY membership.
Athlete children are NOT eligible for this fee.
**Family membership must be submitted and paid for together/at-one time. NO "adding family membership by paying the difference" after 1 family member has already joined at the Individual rate.*

___ Life $1,005.00

SEND APPLICATION AND PAYMENT TO:

Sierra Nevada Swimming, Inc
P.O. Box 505
Turlock, California 95381
Attn: June Brown
209-656-9686 *For Questions Only: donbrown@charter.net*

MAKE CHECKS PAYABLE TO: Sierra Nevada SWIMMING INC.

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.