

THIS MEMBERSHIP WILL BE VALID FROM 9-1-08 TO 12-31-09

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.)

**USA SWIMMING REGISTRATION FEES:**

___ Individual	\$50.00
___ Family	\$97.50
___ Life	\$1,005.00

*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.*

*If this will be your 2<sup>nd</sup> year coaching, you MUST pass the USA Swimming Foundations of Coaching. This test is available at [www.swimmingcoach.org](http://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.*

**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](mailto: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.*