

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 copies of 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. Other swimming affiliations: 0 Junior High School 1 Senior High School 2 YMCA/YWCA 3 College 4 Summer Swim League 5 Masters 6 Disabled Sports Organization 7 Water Polo 8 None
4. 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:

5. A. Coach—Full Time (primary income is from coaching) B. Coach—Part Time (primary income is NOT from coaching) C. Official D. Other

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6. 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
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(In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.)

Make Checks Payable to:**Potomac Valley Swimming****Mail Application and Payment to:****Potomac Valley Swimming****P.O. Box 313****Washington Grove, MD 20880-0313****301 840-5955****pvadmn@pvswim.org****USA SWIMMING REGISTRATION FEES:**

<input type="checkbox"/> Individual	\$30.00
<input type="checkbox"/> Family	\$50.00
<input type="checkbox"/> Sports Med	\$55.00
<input type="checkbox"/> Sustaining	\$105.00
<input type="checkbox"/> Life	\$755.00