

**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*****PLEASE 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

***Coaches MUST send copies of original cards of CPR, First Aid, and Safety Training for Swim Coaches for processing*****PLEASE ENTER EXPIRATION DATE OF EACH COURSE.**

COACHES SAFETY CURRICULUM

COMPLETED

☐ YES ☐ NO\_\_\_\_\_ CPR \_\_\_\_\_ FIRST AID \_\_\_\_\_ SAFETY TRAINING EDUCATION REQ.: ☐ GRANDFATHERED

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
7. 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
8. 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.)

**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:**

☐ Individual \$30.00

☐ Family \$50.00

☐ Sports Med \$55.00

☐ Sustaining \$105.00

☐ Life \$755.00