

Indiana Officials Application

Valid to submit September 1, 2009 – July 15, 2010

LEGAL Full Name + M.I. _____ Preferred First Name _____

E-Mail Address _____

Address _____ Birthdate ____ / ____ / ____

City _____ State _____ Zip _____ Club Affiliation _____

Home Telephone () _____ Work or Cell Telephone () _____

RENEW AT SAME LEVEL	
Be sure to include ALL items	
This Indiana Officials Application & Fee - (\$2 / official)	
USA Swimming APPLICATION & Fee Individual (\$47) <i>OR</i> Family (spouse/household relative) (\$91)* <small>*Family membership must be submitted and paid for at the same time. *if you have previously paid for current USA Swimming membership, this annual fee is not to be submitted again.</small>	
OPTIONAL Name Badge(s) (\$7 each)	
1 self-addressed & STAMPED BUSINESS size (#10) envelope	
Circle Renew level & STAPLE your 2009 Green card(s) with meets worked to this area of the application (be sure that at least 1 session is NOT with your home club) Technical Administrative Starter Referee	
CHECK TOTAL (Payable to Indiana Swimming)	

NEW OR UPGRADE CERTIFICATION	
Be sure to include ALL items	
This Indiana Officials Application & Fee - (\$4 / official)	
USA Swimming APPLICATION & Fee Individual (\$47) <i>OR</i> Family (spouse/household relative) (\$91)* <small>*Family membership must be submitted and paid for at the same time. *if you have previously paid for current USA Swimming membership, this annual fee is not to be submitted again.</small>	
OPTIONAL Name Badge(s) (\$7 each)	
1 self-addressed & STAMPED BUSINESS size (#10) envelope	
Circle NEW / UPGRADE level Technical Administrative Starter Referee	
CHECK TOTAL (Payable to Indiana Swimming)	

Please indicate the number of meets worked signature
Card(s) you would appreciate receiving _____

Class/Clinic DATE: _____

LOCATION: _____

REFEREE INSTRUCTOR: _____

ONLINE TESTS TO TAKE:

Technical: Stroke & Turn/Timer
Admin: Timer ; Timing Judge ; Clerk of Course
Tech/Adm: All of the above

Starter: Starter
Referee: Referee; Administrative; Timing Judge; Clerk of Course
*must also contact Regional Rep below for essay questions + evaluations process

QUESTIONS?

Region 1

George Behrens
219.923.5039
geobehrens@hotmail.com

Region 2

Jennifer Brink
260.758.2532
jbrink@ivytech.edu

STATE CHAIR

Hal Paul
317.432.4027
hpaul1053@comcast.net

Region 3

Dick Duncan
317.745.6817
dickd46@aol.com

Region 4

Eliot VanVelzen
317.770.0589
eliot.vanvelzen@gmail.com

Past Chair

Lucy Duncan
317.745.6817
lucyuss@aol.com

USA Swimming will send a 2010 USA Swimming rulebook to each official in February 2010. Exception: Family memberships will only receive 1 rulebook, not 2.

SEND TO: Indiana Swimming
201 S. Capitol Ave, Suite 410
Indianapolis IN 46225

***This completed form, USA Swimming application and fees can be sent as soon as test is completed. Online test results are sent to the State Chair who forwards them to the ISI office for matching/filing with this application.**

NAME BADGE ORDERS do not get returned with cards. An additional 1-2 weeks is needed and they will be mailed when received.

Please do NOT wait until last minute / right before a meet to submit. Based on many factors (mail time, busy time of year at Indiana Swimming office, etc), it could take 3-5 weeks for processing (especially mid-late December). We'll do our best to get your items to you in a timely fashion.



USA SWIMMING

2010 NON-ATHLETE REGISTRATION APPLICATION

LSC: INDIANA

This membership will be valid from 9.1.09 to 12.31.10

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 (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

MAILING ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE FIELDS: HOME, WORK, FAX, CELL (AREA CODE, TELEPHONE NO., EXTENSION)

E-MAIL ADDRESS

CHECK ALL THAT APPLY:

- Coach-Full Time (primary income is from coaching) Coach-Part Time (primary income is NOT from coaching) 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 (MO/DAY/YR), SEX (M-F), CLUB CODE, CLUB NAME

TELEPHONE FIELDS: WORK, FAX, CELL (AREA CODE, TELEPHONE NO., EXTENSION)

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MAKE CHECK PAYABLE TO: Indiana Swimming
MAIL APPLICATION & PAYMENT TO: Indiana Swimming
201 S. Capitol Ave, Suite 410
Indianapolis IN 46225-1026
317-237-5780
For questions? lyn@inswimming.org

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

REGISTRATION FEES table with columns: USA Swimming Fee, LSC Fee, TOTAL DUE. Rows include Individual, Family, Coach Surcharge, Officials.