



2022 APPRENTICE OFFICIAL APPLICATION

LSC: SOUTH CAROLINA SWIMMING

Your membership will expire 60-days from the information given below:

Clinic Date _____ Clinic Instructor _____

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

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:

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

CLUB CODE

CLUB NAME

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE TELEPHONE NO.

AREA CODE TELEPHONE NO.

MEMBER'S E-MAIL ADDRESS

HOME MOBILE

**THIS APPRENTICE OFFICIAL STATUS EXPIRES 60 DAYS FROM THE DATE OF THE INITIAL MEET (see above).
CONTACT YOUR LSC OFFICIALS CHAIR FOR FURTHER INSTRUCTIONS.**

I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy. Initial _____

I acknowledge that I may only have one 60-day temporary membership. I agree to apply for full Non-Athlete Membership on or before my 60-day membership expires if I wish to continue to have membership privileges. Initial _____

MAIL OR EMAIL APPLICATION

SC Swimming, Inc.
PO BOX 460
Six Mile, SC 29682-0460
office@sc-swimming.org

LSC OFFICIALS

officials@sc-swimming.org