



USA SWIMMING

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

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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
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Bill, Beth, Scooter, Liz, Bobby)				
MAILING ADDRESS <input type="text"/>				
CITY		STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	—	
AREA CODE	TELEPHONE NO.	AREA CODE	TELEPHONE NO.	MEMBER'S E-MAIL ADDRESS
HOME	<input type="text"/> <input type="text"/>	MOBILE	<input type="text"/> <input type="text"/>	<input type="text"/>

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