



**MIDDLE  
ATLANTIC  
SWIMMING**

**Middle Atlantic Coaches Diversity Conference**  
September 29<sup>th</sup> and 30<sup>th</sup>  
Holiday Inn  
2175 Marlton Pike Rd. West (Rt. 70W)  
Cherry Hill, NJ

Name: \_\_\_\_\_ Team: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check one:

Are you a USA Swimming Coach: \_\_\_\_\_ High School Coach: \_\_\_\_\_ College Coach: \_\_\_\_\_

What age swimmers do you coach? \_\_\_\_\_

What would you like to take away from this conference?

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The registration fees are as follows:

- 1-Non-Athlete and Coach Members of Middle Atlantic Swimming: \$10.
- 2- Middle Atlantic Non-Members (within the geographic boundaries of our LSC): \$20
- 3-USA Swimming members outside Middle Atlantic Boundaries: \$20
- 4- All others \$30

Please make your check payable to Middle Atlantic Swimming and mail it, along with this application and the photo release form to Danielle Strader-Bordi, Attn: Coaches Conference, 38 E. Cedar Ave, Merchantville, NJ 08109. If you need to stay the night at the Holiday Inn, please call the Holiday Inn in Cherry Hill, NJ at (800) 315-2621, to reserve a room as soon as possible. They have a block of rooms put aside for this conference at a discounted rate. If you have any questions or have troubles reserving a room, please email me at [daniellebordi@aol.com](mailto:daniellebordi@aol.com) or call me at (856)952-4521.



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Middle Atlantic Swimming (MAS) may take photos or videos of swimmers, coaches, Officials or audience members (collectively, “Subjects” below) during Middle Atlantic Meets or related activities.

MAS would like to be able to use these photos or video images for MAS-related purposes, such as MAS publications, MAS submissions to newspapers, the MAS website, or other MAS-related print or electronic media.

Please indicate below if you consent to this use of these photos or video images.

- I consent to the use of my own or my child’s photo or video image.
  
- I do not consent to the use of my own or my child’s photo or video image

Subject’s Name: \_\_\_\_\_

Team: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian or Adult Subject\*: \_\_\_\_\_

Date: \_\_\_\_\_

\*If an adult, I certify that I am at least eighteen (18) years of age.

Signature: \_\_\_\_\_