

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME			MIDDLE NAME	
PREFERRED NAME		DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

 NOTE: If you are 18 years of age or older, you are required to abide by to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME

MAILING ADDRESS		

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
Athlete's Email Address		

 U.S. CITIZEN: YES NO

 ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

 HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

OPTIONAL	
DISABILITY: <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism	RACE AND ETHNICITY (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

CLUB-ATTACHED ATHLETES
 SUBMIT FORM & PAYMENT TO YOUR CLUB

UNATTACHED ATHLETES ONLY:
 MAIL APPLICATION & PAYMENT TO:
 ISI REGISTRATION & MEMBERSHIP
 207 N MAIN AVE
 HUXLEY, IA 50124

 Check if you would like to learn more about the USA Swimming Foundation's initiatives
 Check if you would like to receive the electronic USA Swimming Newsletter (*must be 13 years of age or older*)

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT

CLUB CODE: _____ **LSC CODE:** _____ **AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:** _____.

SIGN HERE x _____
SIGNATURE OF ATHLETE (if 18+), PARENT OR GUARDIAN DATE
2019 REGISTRATION CATEGORIES (select only 1)

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee	Restrictions
<input type="checkbox"/>	Premium	9/1/2019 – 12/31/2020	\$62.00	\$12.00	\$74.00	None
<input type="checkbox"/>	*Flex	9/1/2019 – 12/31/2020	\$10.00	\$10.00	\$20.00	No more than 2 sanctioned meets per registration year. Only valid for meets below LSC Championships, Zone, Sectional, and National Levels. Age 18 and Under only.
<input type="checkbox"/>	Seasonal	150 Days	\$30.00	\$8.00	\$38.00	Only valid for meets below Zone, Sectional, and National Levels.
<input type="checkbox"/>	Outreach	9/1/2019 – 12/31/2020	\$5.00	None	\$5.00	**Must submit proof of eligibility document.

*Flex athletes who have reached the 2 meet maximum and wish to continue may upgrade to Premium by paying the Flex/Premium difference - \$54.00.

** Outreach Applicants must demonstrate Outreach eligibility by submitting of any ONE of the following:

Proof of reduced/free lunch program – Verification Letter from a school administrator

Proof of food stamps – Current Date Notice of Action letter

Proof of annual income – most recent IRS tax return documenting household income within the limits of Federal Income Eligibility Guidelines

Admin:

D _____	X		#	
S _____	X		\$	