



USA SWIMMING

2019 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: IN

CHECK APPROPRIATE SEASONAL PERIOD: SEASON 1

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

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) <div style="display: flex; justify-content: space-between;"> <div> If not affiliated with a club, enter "Unattached" </div> </div>					
GUARDIAN #1 LAST NAME		GUARDIAN #1 FIRST NAME		GUARDIAN #2 LAST NAME	
MAILING ADDRESS					
CITY		STATE		ZIP CODE	
AREA CODE		TELEPHONE NO.		FAMILY/HOUSEHOLD E-MAIL 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 <i>such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability <i>such as severe learning disorder, autism</i>	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

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

2019 REGISTRATION FEE	
USA Swimming Fee	\$30.00
LSC Fee	\$5.50
TOTAL DUE	\$35.50

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

SIGN
 HERE x _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

REG. DATE/LSC USE ONLY _____

- ☐ 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*)