



USA SWIMMING

**ATHLETE REGISTRATION APPLICATION
LSC: INDIANA SWIMMING**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME		MIDDLE NAME	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
PREFERRED NAME	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RIV	RIVIERA SWIM CLUB
ATHLETE SCHOOL		GRADE		U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ATHLETE T- SHIRT SIZE		ATHLETE JACKET/SWEATSHIRT SIZE		ATHLETE SHOE SIZE	

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ATHLETE T- SHIRT SIZE		ATHLETE JACKET/SWEATSHIRT SIZE		ATHLETE SHOE SIZE	

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		T-SHIRT SIZE	GUARDIAN #2 LAST NAME		GUARDIAN #2 FIRST NAME		T-SHIRT SIZE
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>
MAILING ADDRESS									
<input type="text"/>									
CITY				STATE	ZIP CODE				
<input type="text"/>				<input type="text"/>	<input type="text"/>				
AREA CODE		CELL PHONE NO.			FAMILY/HOUSEHOLD EMAIL ADDRESS				
<input type="text"/>		<input type="text"/>			<input type="text"/>				
AREA CODE		HOME PHONE NO.			ALTERNATE EMAIL ADDRESS				
<input type="text"/>		<input type="text"/>			<input type="text"/>				