MINNESOTA SWIMMING ATHLETE TRANSFER APPLICATION

Rev 9-1-2009

\$5.00 FEE

PARENT OR ADULT ATHLETE MUST READ, COMPLETE & SIGN THIS APPLICATION

<u>Please note</u>: If the MSI office does not receive a completed/signed transfer form and fee, the transfer will not be processed and no new club affiliation will be reflected for the athlete.

*** Transfers will NOT be accepted at MSI Swim Meets except to Unattached status. *** Athlete's Legal Name:

Last Name Preferred Name Middle Initial Athlete's Current Address: ___ State NEW? Yes / No Address & Street City Zip Code Gender: (Circle) M F OLD INFORMATION Former Club You Represented: _____ Club Code: ____ LSC: ____ **NEW INFORMATION** Name of New Club: ______ New Club Code: _____ **Statement of Transfer and Good Standing:** I understand that I cannot represent my new USA-S club in any competitive event for a period of 120 consecutive days since my last competition representing my previous club and must swim UNATTACHED until the requested transfer has been approved & completed in the swim office. I will not participate on any club relavs until my transfer is approved. I have no outstanding fees or debts with my old club. This information is correct to the best of my knowledge. Last USA Swimming competition representing your previous club in an attached status (REQUIRED) The date listed is the last day of the meet that I swam. If the date of last competition is left blank, the 120 days will begin the date the transfer form is received at the swim office. Date: _____ Meet: ____ Location: ____ Signature of Parent or Adult Athlete (REQUIRED): Transfer is effective upon receipt by the MSI Swim Office of the completed transfer form and fee. Athlete will be unattached until the 120 days is determined and/or transfer is resolved. Based on the attachment date, the athlete will be issued either an unattached card or an attached card reflecting the new club. Mail completed/signed form, along with a processing fee of \$5.00, to: Minnesota Swimming 1001 Highway #7 Collegiate Athletes returning to summer teams or back to their college teams Hopkins, MN 55305 will be exempt from the transfer fee. ["School Rule"] **OFFICE USE ONLY**: Date Received ______ Fee pd. ☐ Check # _____ From ____ Attachment Date: _____ Original Registration Date _____ Transfer Complete (MN-Attached card issued) _____ MN-Unattached card issued