

2020 ATHLETE REGISTRATION APPLICATION LSC: MAINE

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL FIRST NAME				MIDDLE NAME	
PREFERRED NAME	DATE OF BIR	TH (MO/DAY/YR)	SEX (M/F)	AGE CLUB CODE		AME OF CLUB YOU REPRESENT	
ill, Beth, Scooter, Liz, Bobby) DTE: If you are 18 years of age or Ember in good standing you mus	quired to abi	de by to the	e Minor Athlete Ab	buse Preventio	h a club, enter "Unattached" Policy. In addition, in order to be a		
		RDIAN #1 FIRST NAME		GUARDIAN #2 LAST		GUARDIAN #2 FIRST NAME	
	MAILING A	ADDRESS				IL]	
CITY		STATE ZIP CODE					
AREA CODE TELEPHONE NO.		FAMILY/HOUSEHOLD EMAIL ADDRESS			DRESS	MEMBER'S EMAIL ADDRESS	
COI	MPETITION? □ YES	S □ NO					
OPTIONAL RACE AND ETHNICI' A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as		(You may can ka Native	YOUR CL	ATION & PAYMENT T	ю:	2020 REGISTRATION FEE Sept. 1, 2019 through Dec. 31, 20 USA Swimming Fee \$62.0 LSC Fee \$11.0	
severe learning disorder,	V. Native Hawaiian & Oth Islander	er Pacific				TOTAL DUE \$73.0	
H SCHOOL STUDENTS – Year of high school AR LAST REGISTERED: IF YOU F IB CODE: LSC CODE:	EGISTERED WITH A DIF					☐ 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)	
N RE ×SIGNATURE OF A'	THLETE, PARENT O	R GUARDIAN		DATE			
G. DATE/LSC USE ONLY							