



AQUATIC CLUB OF ENID
(A MEMBER CLUB OF USA SWIMMING)

2025-26 ATHLETE REGISTRATION APPLICATION
LSC: OKLAHOMA

☐

If you registered in the prior year, check this box, fill in any information that has changed, and sign below.

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 |
| | | | | | Aquatic Club of Enid |
| <small>(Bill, Beth, Scooter, Liz, Bobby)</small> | | | | | |
| 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</i> <i>amputation, cerebral palsy,</i> <i>dwarfism, spinal injury,</i> <i>mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability <i>such as</i> <i>severe learning disorder,</i> <i>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 |

PAYMENT INFORMATION:

**All fees are processed through bank
draft. Please provide a cancelled check.**

MAIL APPLICATION TO:

Aquatic Club of Enid
5420 Autumn Orchard Rd
Enid, OK 73703

- ☐ 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 2024, 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 _____

NORTHWEST OKLAHOMA AQUATIC ASSOCIATION VOTING MEMBER:

Aquatic Club of Enid ("ACE") is a trademarked team name conducting business under the Northwest Oklahoma Aquatic Association ("NOAA,") an Oklahoma registered domestic not-for profit corporation. Each household containing at least one registered ACE swimmer in good standing is entitled to appoint one (1) designated voting member over the age of 18 to vote on NOAA matters. **PLEASE LIST THE NAME OF THE DESIGNATED VOTING MEMBER BELOW.** You do not need to complete the address and contact information below if it is identical to the information provided above.

| | | | | | |
|------------------------|--|-------------------------|--|-----------------------|--|
| LAST NAME | | LEGAL FIRST NAME | | MIDDLE NAME | |
| | | | | | |
| MAILING ADDRESS | | | | | |
| | | | | | |
| CITY | | STATE | | ZIP CODE | |
| | | | | | |
| AREA CODE | | TELEPHONE NO. | | E-MAIL ADDRESS | |
| | | | | | |