



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

NAME OF MEET/DATE(S)

[Empty box for Name of Meet/Date(s)]

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

[Empty box for Last Name]

LEGAL FIRST NAME

[Empty box for Legal First Name]

MIDDLE NAME

[Empty box for Middle Name]

PREFERRED NAME

[Empty box for Preferred Name]

DATE OF BIRTH (MO/DAY/YR)

[Empty boxes for Date of Birth]

SEX (M/F)

[Empty box for Sex]

AGE

[Empty box for Age]

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME

[Empty box for Guardian #1 Last Name]

/GUARDIAN #1 FIRST NAME

[Empty box for Guardian #1 First Name]

GUARDIAN #2 LAST NAME

[Empty box for Guardian #2 Last Name]

GUARDIAN #2 FIRST NAME

[Empty box for Guardian #2 First Name]

MAILING ADDRESS

[Empty box for Mailing Address]

CITY

[Empty box for City]

STATE

[Empty box for State]

ZIP CODE

[Empty box for Zip Code]

AREA CODE

[Empty box for Area Code]

TELEPHONE NO.

[Empty box for Telephone No.]

FAMILY/HOUSEHOLD E-MAIL ADDRESS

[Empty box for Family/Household E-mail Address]

U.S. CITIZEN:  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

OPTIONAL

DISABILITY:

- 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 severe learning disorder, autism

RACE AND ETHNICITY (You may

check up to two choices):

- O. Black or African American
- R. Asian
- S. White
- T. Hispanic or Latino
- U. American Indian & Alaska Native
- V. Some Other Race
- W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

Your Club Team

MAIL APPLICATION & PAYMENT TO:

Your Club Team

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?  YES  NO

2019 REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	\$10.00
<b>TOTAL DUE</b>	<b>\$20.00</b>

HIGH SCHOOL STUDENTS - Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_

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)