



NAME OF MEET/DATE(S)

[Empty box for meet name]

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

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]

CLUB CODE

[Empty box for club code]

NAME OF CLUB YOU REPRESENT

[Empty box for club name]

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

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 number]

FAMILY/HOUSEHOLD E-MAIL ADDRESS

[Empty box for family email address]

MEMBER'S EMAIL ADDRESS

[Empty box for member email 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:

- 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):

- Q. 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 or Gulf Swimming

MAIL APPLICATION & PAYMENT TO:

Your Club Team or if Unattached
Gulf Swimming
Attention: Membership
1415 South Voss Road, Suite 110-355
Houston, Texas 77057

2020 REGISTRATION FEE

Table with 2 columns: Fee Type, Amount. Rows: USA Swimming Fee \$10.00, LSC Fee \$10.00, TOTAL DUE \$20.00

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

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

- 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)

SIGN HERE x \_\_\_\_\_ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

REG. DATE/LSC USE ONLY \_\_\_\_\_