

**2015 SOUTHERN CALIFORNIA SWIMMING  
NEW MEMBER INFORMATION**

PLEASE PRINT ALL INFORMATION – SIGN FORM!  
PLEASE **DO NOT STAPLE** CHECK TO FORM

Enter LEGAL First Name on first line – Enter “PREFERRED SWIM NAME”  
(Name you use to enter meets) on second line

**NEW Registration \$60, payable to Southern California Swimming**

New members UNDER 19 are required to provide  
**GOVERNMENT CERTIFIED** Birth Certificate  
(passport, alien resident card, adoption record also accepted)  
(hospital & baptismal records **NOT** accepted)  
**PROVE BIRTH DATE WITH CLUB BEFORE SUBMISSION**

Proof of birth date may be shown at an SCS meet – see Admin Referee  
**18 & younger may not compete without proof of birth date**  
Registration later than first meet *entry deadline* (“on deck”) is \$135

Questions: 800-824-6206 or 805-682-0135  
SOUTHERN CALIFORNIA SWIMMING, PO BOX 30530, SANTA BARBARA, CA 93130-0530



**USA SWIMMING**

**SOUTHERN CALIFORNIA SWIMMING  
2015 ATHLETE REGISTRATION**

CLUB Birth Date \_\_\_\_\_  
USE Verified by \_\_\_\_\_

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 \_\_\_\_\_

(Bill, Beth, Scooter, Liz, Bobby) FATHER/GUARDIAN LAST NAME \_\_\_\_\_ FATHER/GUARDIAN FIRST NAME \_\_\_\_\_ MOTHER/GUARDIAN LAST NAME \_\_\_\_\_ MOTHER/GUARDIAN FIRST NAME \_\_\_\_\_  
If not affiliated with a club, enter "Unattached"

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

AREA CODE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ FAMILY/HOUSEHOLD E-MAIL ADDRESS \_\_\_\_\_

- 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:**  
**SOUTHERN CALIFORNIA SWIMMING**

**MAIL APPLICATION & PAYMENT TO:**  
Southern California Swimming  
PO Box 30530  
Santa Barbara, CA 93130-0530  
Email: [office@socalswim.org](mailto:office@socalswim.org)  
800-824-6206 • 805-682-0135

- 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

2015 REGISTRATION FEE	
Sept. 1, 2014 through Dec. 31, 2015	
USA Swimming Fee	\$52.00
LSC Fee	\$8.00
<b>TOTAL DUE</b>	<b>\$60.00</b>

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

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2014, 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 \_\_\_\_\_

- 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)