2017 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 **$64**, 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 $143

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

USA SWIMMING

SOUTHERN CALIFORNIA SWIMMING
2017 OUTREACH ATHLETE REGISTRATION

CLUB Birth Date _____
USE Verified by _____

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME | LEGAL FIRST NAME | MIDDLE NAME

PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby) | DATE OF BIRTH (MO/DAY/YR) | SEX (M/F) | AGE | CLUB CODE | NAME OF CLUB YOU REPRESENT (If not affiliated with a club, enter "Unattached")

GUARDIAN #1 LAST NAME | GUARDIAN #1 FIRST NAME | GUARDIAN #2 LAST NAME | GUARDIAN #2 FIRST 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:
- ☐ 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*

OPTIONAL 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
800-824-6206 • 805-682-0135

2017 OUTREACH FEE	
Sept. 1, 2016 through Dec. 31, 2017	
USA Swimming Fee	$5.00
LSC Fee	$2.00
TOTAL DUE	**$7.00**

FOR OUTREACH REGISTRATION: PROOF OF PARTICIPATION IN THE FEDERAL SCHOOL LUNCH PROGRAM MUST BE ATTACHED TO THIS FORM TO REGISTER THE ATHLETE

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, 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