

**2014 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
2014 ATHLETE REGISTRATION**

Birth Date _____
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
						NBS	NEWPORT BEACH SWIMMING
<small>(Bill, Beth, Scooter, Liz, Bobby)</small>		<small>If not affiliated with a club, enter “Unattached”</small>					
FATHER/GUARDIAN LAST NAME		FATHER/GUARDIAN FIRST NAME		MOTHER/GUARDIAN LAST NAME		MOTHER/GUARDIAN 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: _____

- 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
800-824-6206 • 805-682-0135

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

2014 REGISTRATION FEE	
Sept. 1, 2013 through Dec. 31, 2014	
USA Swimming Fee	\$50.00
LSC Fee	\$10.00
TOTAL DUE	\$60.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2013, 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** _____