USA SWIMMING

2022 SINGLE MEET OPEN WATER ATHLETE REGISTRATION APPLICATION

LSC: Connecticut (CT)

NAME OF MEET/DATE(S)

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

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME | LEGAL FIRST NAME | MIDDLE NAME

PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby) | DATE OF BIRTH (MM/DD/YY) | 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 EMAIL ADDRESS | MEMBER'S 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

☐ "I understand and agree that the FINA Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other policies and rules adopted by FINA, USADA, and the USOPC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of FINA and/or USA Swimming, if applicable or referred by USADA."

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:

Connecticut Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Contact Jen Lyman for instructions

2022 REGISTRATION FEE

USA Swimming Fee:	$10.00
LSC Fee:	none
TOTAL DUE:	**$10.00**

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2021, 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 _____