



PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

MAILING ADDRESS

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

CITY	STATE	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

OPTIONAL

<p>DISABILITY:</p> <p><input type="checkbox"/> A. Legally Blind or Visually Impaired</p> <p><input type="checkbox"/> B. Deaf or Hard of Hearing</p> <p><input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</p> <p><input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism</p>	<p>RACE AND ETHNICITY (You may check up to two choices):</p> <p><input type="checkbox"/> Q. Black or African American</p> <p><input type="checkbox"/> R. Asian</p> <p><input type="checkbox"/> S. White</p> <p><input type="checkbox"/> T. Hispanic or Latino</p> <p><input type="checkbox"/> U. American Indian & Alaska Native</p> <p><input type="checkbox"/> V. Some Other Race</p> <p><input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander</p>
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MAKE CHECK PAYABLE TO:
Your swim team (OR, if UN, to MSI)

MAIL APPLICATION & PAYMENT TO:
Your swim team or, if Unattached, to:
Minnesota Swimming, Inc.
1001 Highway #7
Hopkins, MN 55305
Inquiries: Email: cshapley@mns swim.org
952-988-4181

2019 REGISTRATION FEE	
Sept. 1, 2018 through Dec. 31, 2019	
USA Swimming Fee	\$60.00
LSC Fee	8.00
TOTAL DUE	\$68.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, enter club and last date of completion.
You must also complete a [TRANSFER FORM](#). Return transfer form with \$5 fee to MNswim office or your swim club.
YEAR LAST REGISTERED: _____ **CLUB:** _____ **Date of last meet competing with 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)