



NAME OF MEET / DATE(S)

LSC: Minnesota Swimming

[Empty box for Name of Meet / Date(s)]

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

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

[Empty boxes for Last Name, Legal First Name, Middle Name]

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

[Empty boxes for Preferred Name, Date of Birth, Sex, Age]

(Bill, Beth, Scooter, Liz, Bobby)

PARENT/GUARDIAN #1 LAST NAME

PARENT/GUARDIAN #1 FIRST NAME

PARENT/GUARDIAN #2 LAST NAME

PARENT/GUARDIAN #2 FIRST NAME

[Empty boxes for Parent/Guardian names]

MAILING ADDRESS

[Empty box for Mailing Address]

CITY

STATE

ZIP CODE

[Empty boxes for City, State, Zip Code]

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

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:

Minnesota Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Minnesota Swimming, Inc.
PO Box 1456
Minnetonka, MN 55345-9909

2022 REGISTRATION FEE

USA Swimming Fee	\$10.00
LSC Fee	\$8.00
On Deck Fee	20.00
TOTAL DUE	\$38.00

REG. DATE/LSC USE ONLY: _____ YEAR LAST REGISTERED: _____