



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

If not affiliated with a club, enter "Unattached"

**NOTE:** If you are 18 years of age or older, you are required to abide by the Minor Athlete Abuse Prevention Policy (MAAPP). In addition, in order to be a member in good standing, you must complete the Athlete Protection Training (APT). The training can be accessed at [www.usaswimming.org/apt](http://www.usaswimming.org/apt)

GUARDIAN LAST NAME	GUARDIAN FIRST NAME	GUARDIAN LAST NAME	GUARDIAN FIRST NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

AREA CODE	TELEPHONE NUMBER	FAMILY/HOUSEHOLD E-MAIL ADDRESS	MEMBER'S EMAIL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**U.S. CITIZEN:**  YES  NO Are you a member of another FINA Federation?  YES  NO If so, which Federation? \_\_\_\_\_  
 Have you represented that Federation at International Competition:  YES  NO

**OPTIONAL**

<b>DISABILITY:</b> <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism	<b>RACE AND ETHNICITY</b> (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander
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**MAKE CHECK PAYABLE TO:**  
**MINNESOTA SWIMMING, INC.**  
**GIVE APPLICATION & PAYMENT TO:**  
**THE MEET DIRECTOR**  
**Admin Official or Referee Complete/Verify:**  
 Host Team: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_

<b>2022 REGISTRATION FEE</b>	
Sept 1, 2021 through Dec. 31, 2022	
USA Swimming Fee	\$66.00
LSC Fee	8.00
On Deck Fee	20.00
<b>TOTAL DUE</b>	<b>\$94.00</b>
<input type="checkbox"/> Dual Member (Already NA Member)	
Pay only LSC Fee	\$ 8.00
On Deck Fee	20.00
<b>Total Due</b>	<b>\$28.00</b>
<b>Requires Proof of NA Membership.</b>	

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

**YEAR LAST REGISTERED:** \_\_\_\_\_ **WHERE?** \_\_\_\_\_ **CLUB:** \_\_\_\_\_  
**IF YOU WERE REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2021, YOU MUST COMPETE UNATTACHED AT THIS MEET & TRANSFER TO YOUR NEW CLUB AFTER THE MEET.**

Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)