



(LSC) Reg. Date: _____

LSC: Minnesota Swimming, Inc.

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: _____

(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

GUARDIAN LAST NAME: _____ GUARDIAN FIRST NAME: _____ GUARDIAN LAST NAME: _____ GUARDIAN FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AREA CODE: _____ TELEPHONE NUMBER: _____ FAMILY/HOUSEHOLD E-MAIL ADDRESS: _____ MEMBER'S EMAIL: _____

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

Outreach Eligibility Qualification paperwork must accompany this form to properly register this athlete.

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

GIVE APPLICATION & PAYMENT TO:

THE MEET DIRECTOR:

Admin Official or Referee Complete/Verify:

Host Team: _____

Signature: _____

Date Application Received: _____

2021 REGISTRATION FEE	
Sept 1, 2021 through Dec. 31, 2022	
USA Swimming Fee	\$5.00
LSC Fee	.00
On-Deck Fee	20.00
TOTAL DUE	\$25.00

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)