

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

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PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

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(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 to the Minor Athlete Abuse Prevention Policy. In addition, in order to be a member in good standing you must complete the Athlete Protection Training. The training can be accessed at www.usaswimming.org/apt

GUARDIAN #1 LAST NAME

GUARDIAN #1 FIRST NAME

GUARDIAN #2 LAST NAME

GUARDIAN #2 FIRST NAME

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MAILING ADDRESS

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CITY

STATE

ZIP CODE

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AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

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Athlete's Email Address

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 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

CLUB Athletes:

Return form and Payment to your CLUB

UNATTACHED Athletes:

Mail form and Payment to:

**Middle Atlantic Swimming
500 Creek View Rd. Suite 101
Newark, DE 19711**
 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*)

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT

CLUB CODE: _____ **LSC CODE:** _____ **AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:** _____.

SIGN HERE x _____ **SIGNATURE OF ATHLETE, PARENT OR GUARDIAN** _____ **DATE** _____

2021 REGISTRATION CATEGORIES (please select only 1)

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee due to Middle Atlantic	Restrictions
<input type="checkbox"/>	Premium	6/1/2020 – 12/31/2021	\$64.00	\$16.00	\$80.00	None
<input type="checkbox"/>	Flex (for athletes 18& under only)	6/1/2019 – 12/31/2021	\$10.00	\$10.00	\$20.00	Restricted to 2 sanctioned meets per registration year. <i>MUST BE BELOW THE LSC CHAMPIONSHIP, ZONE, SECTIONAL AND NATIONAL LEVELS.</i>
<input type="checkbox"/>	Outreach	6/1/2019 – 12/31/2021	\$5.00	None	\$5.00	Must meet eligibility criteria. See MA Outreach Application



I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with USA Swimming. Please return with your 2021 membership form.

Name: _____

Signature: _____

Date: _____

Please sign and return this form to the Middle Atlantic Swimming office. This can be return via email or by Mail.

registration@maswim.org

or

Middle Atlantic Swimming

Attn: Registration

500 Creek View Road Suite 101

Newark, DE 19711