

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

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PREFERRED NAME

DATE OF BIRTH (MM/DD/YY)

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

--

CITY

STATE

ZIP CODE

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AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD EMAIL ADDRESS

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MEMBERS'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

See payment options below

 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*)

PAYMENT OPTIONS: Completed form and payment are required for Processing.

Mail form and payment by check to: Middle Atlantic Swimming 406 Suburban Dr. #172 Newark, DE 19711

 Credit card payment is available (with 3% processing fee) Contact Office directly 302.861.6760 and registration@maswim.org
HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2020, ENTER THAT

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

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

2022 REGISTRATION CATEGORIES (please select only 1)

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee	Restrictions
<input type="checkbox"/>	Premium	9/1/2021 – 12/31/2022	\$66.00	\$14.00	\$80.00	None
<input type="checkbox"/>	Flex	9/1/2021 – 12/31/2022	\$10.00	\$10.00	\$20.00	Athlete 18-U, no more than 2 sanctioned meets per registration year. Only for meets below LSC Championships, Zone, Sectional, and National Levels.
<input type="checkbox"/>	Outreach	9/1/2021 – 12/31/2022	\$5.00	\$.00	\$5.00	Must meet eligibility criteria. See 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.

Name: _____

Signature: _____

Date: _____

Please sign and return this form to the Middle Atlantic Swimming office with your membership form.

Middle Atlantic Swimming
406 Suburban Drive #172
Newark, DE 19711