



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal information: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH (MM/DD/YY), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT. Includes instruction: (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. 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

Form fields for guardian and contact information: GUARDIAN #1 LAST NAME, GUARDIAN #1 FIRST NAME, GUARDIAN #2 LAST NAME, GUARDIAN #2 FIRST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD EMAIL ADDRESS, MEMBER'S EMAIL ADDRESS

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 section with checkboxes for 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) and RACE AND ETHNICITY (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)

2022 REGISTRATION FEE section: September 1, 2021 through December 31, 2022. Check registration to pay (only 1 option per application). Options: PREMIUM MEMBERSHIP \$85.00, FLEX MEMBERSHIP \$20.00, Upgrade FLEX to Premium \$65.00, OUTREACH MEMBERSHIP \$ 5.00

NOTE: Flex membership for 18 yrs of age & younger, good for only 2 meets for the year no LSC championship, nor national level. Outreach must provide proof of eligibility – please see DE&I TAB, Outreach Guidelines at www.njswim.org for more information

MAKE CHECK PAYABLE TO: NEW JERSEY SWIMMING MAIL APPLICATION & PAYMENT TO: 1933 Rt 35 Ste 105 PMB 349 Wall, New Jersey 07719

HIGH SCHOOL STUDENTS – Year of high school graduation: ____ YEAR LAST REGISTERED: ____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2021, ENTER THAT CLUB CODE: ____ LSC CODE: ____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING 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)

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

REG. DATE/LSC USE ONLY _____