



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION TO ENSURE THAT CONTACT INFORMATION IS CORRECT AND UP TO DATE:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

Have you ever been a member of USA Swimming under a different last name? If yes, please provide that name:

Previously registered with USA Swimming? Yes No If registered in a different LSC, which LSC:

PREFERRED NAME DATE OF BIRTH (MM/DD/YY) SEX (M-F) CLUB CODE CLUB NAME

(Bill, Beth, Scooter, Liz, Bobby) (Required) If not affiliated with a club, enter "Unattached"

MAILING ADDRESS

CITY STATE ZIP CODE

HOME AREA CODE TELEPHONE NO. WORK AREA CODE TELEPHONE NO. EXTENSION MOBILE AREA CODE TELEPHONE NO.

E-MAIL ADDRESS

IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE YEAR - PLEASE NOTIFY YOUR LSC REGISTRATION/MEMBERSHIP PERSON OF THE CHANGES

- RACE AND ETHNICITY (OPTIONAL): 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

- CITIZENSHIP/FINA:
U.S. Citizen: Yes No
Are you a member of another FINA federation: Yes No
If Yes, which federation:

- 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

MEMBERSHIP CODE: Check all that apply
CERTIFIED OFFICIAL: Starter Stroke & Turn Meet Referee Administrative
OTHER: Chaperone Meet Director Meet Manager Athlete Trainers Massage Therapist Board Member

NON-ATHLETES NEED TO COMPLETE THE FOLLOWING:
BGC at www.usaswimming.org/backgroundcheck APT at www.usaswimming.org/apt
Concussion Protocol Training - Courses from the Center for Disease Control and Prevention (CDC) or the National Federation of State High School Associations (NFHS), as well as individual states' required courses will satisfy the USA Swimming requirement.

- By becoming a member of USA Swimming, I hereby agree to abide by the rules, regulations and Code of Conduct of USA Swimming.
I acknowledge that when I learn of facts that give reason to suspect that a child has suffered an incident of abuse, including sexual abuse, I must report to law enforcement within 24 hours pursuant to The Protecting Young Victims from Sexual Abuse and Safe Sport Authorization Act.
I acknowledge that I have reviewed and agree to abide by rules and regulations of the Minor Athlete Abuse Prevention Policy and that I must complete Athlete Protection Training.

Signature Date
By signing this application, I verify that the above is true and correct.

MAKE CHECK PAYABLE TO: MAIL APPLICATION & PAYMENT TO:

NJ Swimming NJ Swimming
1933 Rt 35 Ste 105 PMB349
Wall, New Jersey 07719

2022 REGISTRATION FEE
September 1, 2021 through December 31, 2022
USA Swimming Fee + LSC Fee = TOTAL DUE
Individual \$66.00 + 19.00 = \$85.00
Life \$1,000.00 + 19.00 = \$1,019.00

FOR LSC REGISTRAR USE ONLY:
BGC APT Concussion

REGISTRATION DATE