



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Input fields for Last Name, Legal First Name, and Middle Name.

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

Input fields for Preferred Name, Date of Birth, Sex, Age, Club Code, and Club Name.

(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

Input fields for Guardian #1 and #2 names.

MAILING ADDRESS

Input field for Mailing Address.

CITY

STATE

ZIP CODE

Input fields for City, State, and Zip Code.

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

Input fields for Area Code, Telephone No., and Family/Household E-mail Address.

Athlete's Email Address

Input field for Athlete'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

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)

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

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 _____

SIGNATURE OF ATHLETE (if 18+), PARENT OR GUARDIAN DATE

CLUB-ATTACHED ATHLETES
SUBMIT FORM & PAYMENT TO YOUR CLUB

2021 REGISTRATION CATEGORIES (select only 1)

Table with 7 columns: Membership Type, Valid, USA Swimming Fee, IASI Fee, Total Fee, Restrictions. Rows include Premium, *Flex, Seasonal, **Outreach, and Unattached.

*Flex athletes who have reached the 2 meet maximum and wish to continue may upgrade to Premium by paying the Flex/Premium difference
** Outreach Applicants must demonstrate Outreach eligibility by submitting proof of participation in any program on the USA Swimming Outreach Membership Criteria List along with registration. https://www.teamunify.com/lscis/UserFiles/Image/QuickUpload/usa-swimming-outreach-membership-criteria-list_098619.pdf

Admin:

D _____ X _____ # _____
S _____ X _____ \$ _____