###  USA SWIMMING 2019 ATHLETE REGISTRATION APPLICATION



 **LSC: Indiana**

**PLEASE PRINT LEGIBLY ⚫ COMPLETE ALL INFORMATION:**

#  LAST NAME LEGAL FIRST NAME MIDDLE NAME

##  PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

 **(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter “Unattached”**

#  GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

##  MAILING ADDRESS

 **U.S. CITIZEN:** [ ]  **YES** [ ]  **NO**

##  CITY STATE ZIP CODE

**ARE YOU A MEMBER OF ANOTHER FINA**

**FEDERATION?** [ ]  **YES** [ ]  **NO**

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

**COMPETITION?** [ ]  **YES** [ ]  **NO**

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##  AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

 **DISABILITY: RACE AND ETHNICITY** (You may

**Your club or if unattached:**

**Indiana Swimming**

 [ ]  A. Legally Blind or Visually Impaired check up to two choices):

##  [ ]  B. Deaf or Hard of Hearing *[ ]*  Q. Black or African American

**MAIL APPLICATION & PAYMENT TO:**

 [ ]  C. Physical Disability *such as* *[ ]*  R. Asian

#### 2019 REGISTRATION FEE

**Sept. 1, 2018 through Dec. 31, 2019**

USA Swimming Fee $60.00

##### LSC Fee $10.00

# TOTAL DUE $70.00\*

 *amputation, cerebral palsy, [ ]*  S. White

**201 S Capitol Ave, Suite 410**

**Indianapolis, IN 46225**

 *dwarfism, spinal injury, [ ]*  T. Hispanic or Latino

 *mobility impairment* [ ]  U. American Indian & Alaska Native

 [ ]  D. Cognitive Disability *such as* [ ]  V. Some Other Race

 *severe learning disorder,* [ ]  W. Native Hawaiian & Other Pacific

 *autism*  Islander

**HIGH SCHOOL STUDENTS – Year of high school graduation:**

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)*

**YEAR LAST REGISTERED:** **. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, 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 REG. DATE/LSC USE ONLY**

**This form is to returned to YOUR CLUB with payment. Your club will send one payment to our office for all registrations submitted. Only if you are a true unattached athlete (you do NOT belong to a club) should you send this completed form with payment directly to our office.**

**Birth certificate copy needed: Indiana Swimming requires all swimmers 18 and Under to submit a COPY of their birth certificate to their club registrar. Swimmers who do not submit a copy of the birth certificate and subsequently swim in meets, will be assessed a $100 per meet fine for non-compliance/confirmation of age. Once Indiana Swimming has confirmed the swimmer’s membership with date of birth confirmation, the swimmer will NOT have to resubmit. If you are unsure if Indiana Swimming has your date of birth confirmed from a previous year’s membership, please e-mail Michele@inswimming.org. Indiana Swimming does accept other forms of date of birth confirmation. Please see CLUB FORMS section of the website for the Birth certificate Requirements document.**

**This form should be completed for EVERY ATHLETE MEMBER of Indiana Swimming. Completing these forms is a requirement of USA Swimming and gives your club liability insurance and your swimmer some secondary accident insurance. Clubs should keep these signed forms in the club files. Clubs are asked to submit team management software files (Team Manager or Team Unify) to register the athletes. Please e-mail michele@inswimming for questions/details.**