### USA SWIMMING 2020 ATHLETE REGISTRATION APPLICATION



**LSC: Indiana Swimming**

**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”**

**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

## 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**

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

**Athlete’s Email Address**

|  |  |
| --- | --- |
| **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 |

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)*

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

**YEAR LAST REGISTERED:** **. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, ENTER THAT**

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

#### 2020 REGISTRATION CATEGORIES (please select only 1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Membership Type** | **Valid** | **USA Swimming Fee** | **LSC Fee** | **Total Fee** | **Restrictions** |
|  | Premium | 9/1/2019 – 12/31/2020 | $62.00 | $15.00 | $77.00 | None |
|  | Outreach | 9/1/2019 – 12/31/2020 | $5.00 | None | $5.00 | Must meet eligibility criteria. See Outreach Application |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**SIGN HERE** x

**SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE**

The following documentation is acceptable as proof for outreach fees and needs to be submitted to IN Swimming with registration fees/files/reports:

# Free or Reduced school lunch program documentation

School letter sent home to family upon school corporation application process or email from school administration is acceptable

# Hoosier Healthwise Insurance card copy

1. **WIC card copy**