###  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**