



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT.

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

Form fields for GUARDIAN #1 LAST NAME, GUARDIAN #1 FIRST NAME, GUARDIAN #2 LAST NAME, GUARDIAN #2 FIRST NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE, TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS, Athlete's Email Address, U.S. CITIZEN, ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?, IF YES, WHICH FEDERATION?, HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?

OPTIONAL section with DISABILITY and RACE AND ETHNICITY (You may check up to two choices) checkboxes.

I understand and agree that the FINA Anti-Doping Rules and U.S. Anti-Doping Agency Protocol for Olympic and Paralympic Movement Testing (USADA Protocol) and all other policies and rules adopted by FINA, USADA, and the USOPC apply to me and that it is my responsibility to comply with those rules. I agree to submit to drug testing at any time and understand that the use of methods or substances prohibited by the applicable anti-doping rules would make me subject to penalties including, but not limited to, disqualification and suspension. If it is determined that I may have committed a doping violation, I agree to submit to the results management authority and processes of USADA, including arbitration under the USADA Protocol, or to the results management authority of FINA and/or USA Swimming, if applicable or referred by USADA.
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 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

2022 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:
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