

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:
LAST NAME
LEGAL FIRST NAME
MIDDLE NAME

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

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(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

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MAILING ADDRESS

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CITY
STATE
ZIP CODE

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AREA CODE
TELEPHONE NO.
FAMILY/HOUSEHOLD EMAIL ADDRESS

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MEMBERS'S EMAIL ADDRESS

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 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
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

MAKE CHECK PAYABLE
GEORGIA SWIMMING
MAIL APPLICATION & PAYMENT
**LORA THOMPSON
155 CARLISLE COURT
BOGART, GA 30622
registrar@gaswim.org**
 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, PARENT OR GUARDIAN
DATE
2021 REGISTRATION CATEGORIES (please select only 1)

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee	Restrictions
<input type="checkbox"/>	Premium	6/1/2020 – 12/31/2021	\$64.00	\$8.00	\$72.00	None
<input type="checkbox"/>	Flex	6/1/2020 – 12/31/2021	\$10.00	\$10.00	\$20.00	Athlete 18-U, no more than 2 sanctioned meets per registration year. Only for meets below LSC Championships, Zone, Sectional, and National Levels.
<input type="checkbox"/>	Season 1	10/3/2020 – 3/1/2021	\$30.00	\$10.00	\$40.00	Only for meets below Zone, Sectional, and National Levels.
<input type="checkbox"/>	Season 2	3/5/2021 – 8/2/2021	\$30.00	\$10.00	\$40.00	Only for meets below Zone, Sectional, and National Levels.

All athletes registering as members of a Georgia Swimming member club should submit applications and payments to their respective club. Only unattached athletes should send application and payment to Lora Thompson.

