###  USA SWIMMING 2020 OUTREACH ATHLETE REGISTRATION APPLICATION



 **LSC: MONTANA 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**](http://www.usaswimming.org/apt)

#  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 EMAIL ADDRESS MEMBER’S EMAIL ADDRESS

**ARE YOU A MEMBER OF ANOTHER FINA**

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

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

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

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

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

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

**YOUR CLUB OR LSC**

 [ ]  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

#### 2020 OUTREACH FEE

**Sept. 1, 2019 through Dec. 31, 2020**

USA Swimming Fee $5.00

##### LSC Fee $2.00

# TOTAL DUE $7.00

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

**Montana Swimming**

**Lanni Jacobson**

**PO Box 8276**

**Missoula, MT 59807**

 *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

**APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION**

**MUST BE ATTACHED TOTHIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.**

**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 2019, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**