



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) 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

OPTIONAL DISABILITY: RACE AND ETHNICITY (You may check up to two choices):

MAKE CHECK PAYABLE TO: New Jersey Swimming
MAIL APPLICATION & PAYMENT TO: New Jersey Swimming
19333 Rt 35 Ste 105 PMB 349
Wall, NJ 07719
www.njswim.org
NJSwimOffice@gmail.com

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

2019 REGISTRATION FEE table with columns for fee type and amount, including USA Swimming Fee (\$60.00) and LSC Fee (\$8.00), totaling \$68.00.

HIGH SCHOOL STUDENTS - Year of high school graduation:
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE REG. DATE/LSC USE ONLY

This form is to be used by individuals not associated with a team. Unattached swimmers only. If you are on a team please contact your team.