



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal 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. Includes a note: '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

Form fields for guardian and contact information: 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

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

2021 REGISTRATION FEE June 1, 2020 through December 31, 2021 USA Swimming Fee + LSC Fee = TOTAL DUE 64.00 + \$8.00 = \$72.00

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

New Jersey Swimming

New Jersey Swimming 1933 Rt 35 Ste 105 PMB 349 Wall, NJ 07719

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: _____

- [] 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 _____