###  USA SWIMMING 2020 ATHLETE REGISTRATION APPLICATION



 **LSC: South Carolina 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”**

#  GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

##  MAILING ADDRESS

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

##  CITY STATE ZIP CODE

**ARE YOU A MEMBER OF ANOTHER FINA**

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

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

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

 –

##  AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

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

**Team Riptide Aquatics (TRA)**

 [ ]  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

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

Team Riptide Aquatics

PMB #254 3001 N. Kings HWY

Myrtle Beach, SC 29577

 Fees: See Below (Does not include meet fees, etc.)

 *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

**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 2016, 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**

#### 2021 REGISTRATION CATEGORIES (please select only 1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Membership Type** | **Valid** | **USA Swimming Fee** | **SC Swimming** **LSC Fee** | **Total Fee** | **Restrictions** |
| Premium | 12/31/2020 – 12/31/2021 | $64.00 | $30.00 | $94.00 + $35 admin fee = $129 | None |
| Flex(12 & Under) | 12/31/2020 – 12/31/2021 | $10.00 | $10.00 | $20.00 | No more than 2 sanctioned meets per registration year.Only for meets below LSC Championships, Zone, Sectional, and National Levels. |
| Season 1 | 4/4/2021 – 8/31/2021 | $30.00 | $8.50 | $38.50 | Only for meets below Zone, Sectional, and National Levels. |
| Outreach | 12/31/2020 – 12/31/2021 | $5.00 | $2.00 | $7.00 | Must meet eligibility criteria on page 2. |
| Single Meet | 12/31/2020 – 12/31/2021 | $10.00 | $5.00 | $15.00 | For **unattached** **open water** competition. Only for meets below Zone, Sectional, and National Levels. |

Father’s Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Dismissal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition Fees: Fees are to be paid by the 1st of each month, Sept-July. Please see policy #1 on next page.

• Blue - $75.00

• Bronze - $110.00

• Silver - $120.00

• Gold - $130.00

• Senior 2 - $140.00

 Swimmers new to USA-Swimming, must provide a copy of their birth certificate or passport. The document is for birth-date and name confirmation and will be destroyed upon confirmation. Amount due at time of registration: TEAM Registration: Total fee for membership type plus $35 admin fee (includes 1 cap and team t-shirt ) + 1st Month’s Tuition ($ .00) = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer’s T-shirt size - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This form and check are due at time of Registration. Checks are payable to Team Riptide Aquatics- Payment options: Tuition may be paid via check, cash or credit card (preferred, online or swipe). Credit card fees apply. Fees, monthly dues, etc are not reimbursable. • Fees for any competition or participation in special events are separate and not included in registration or monthly dues. Swimmer will receive one Riptides’ T-shirt, one Riptides’ swim cap and two Riptides’ car decals with registration. By signing this form, you agree to all conditions of membership to USA-Swimming, SC Swimming, Riptides Racing Team, Team Riptide Aquatics and abide by rules of any facilities in which the Riptides Racing Team may be utilizing. Discipline Policy: The Riptides Racing Team has a “zero-tolerance” policy regarding conduct unbecoming and/or considered detrimental. Such conduct may include, but is not limited to – bullying (which can also include activity via social networks), unsportsmanlike conduct at any MBR-sponsored activity, etc. Should a member of the MBR be found to have violated such policy, upon the 1st offense – meeting with athlete and parent and 1 week suspension from MBR, upon 2nd offense – permanent dismissal from MBR. Any outstanding financial balance will have to be settled before athlete will be permitted to join another USA Swimming member team. Notice of dismissal will also be sent to South Carolina Swimming and USA-Swimming. M B R Riptides Racing Team MAKE CHECK PAYABLE TO: – Team Riptide Aquatics (TRA) PMB #254 3001 N. Kings HWY Myrtle Beach, SC 29577 Fees: See Below (Does not include meet fees, etc.) YEAR LAST REGISTERED: . IF REGISTERED WITH A DIFFERENT USA-S CLUB IN 2013, ENTER CLUB CODE: \_\_\_\_\_\_\_\_ LSC CODE: \_\_\_ DATE OF LAST COMPETITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Riptides Racing Swim Team 1. Monthly tuition is payable on the 1st of each month. Swimmers will not be allowed to practice or compete if monthly tuition is past due 30 or more days. a. Billing period is for from Sept 1-July 1. b. If a swimmer elects to take time off from the swim team for a period of at least one calendar month, written notice must be received PRIOR to leaving. If no notice is given, family will continue to be billed. c. Swimmers returning to MBR must clear any previous or outstanding debts to MBR if applicable, which may include, but is not limited to tuition, fund raising, meet fees, etc. Swimmers returning to MBR who did not give minimum 30 days written notice will be charged for one month’s tuition. 2. Multiple child discount on tuition of $5.00 per swimmer for the 2nd and 3rd, etc swimmer’s tuition. 3. Fund raising obligation: $250 per swimmer, $175 for 2nd swimmer, $100 for 3rd swimmer, etc. All fund raising is tax-deductible. • Fund raisers include – New Year’s Eve Marathon swim, Meet advertising sign sales 4. Meet sign-ups are done via the MBR website. Parents must sign up swimmer on or before the deadline. Parents must pay for meet fees on or before the sign-up deadline. No swimmer will be entered into a meet without fees. Meet entry fees ARE NOT REFUNDABLE once the entries have been submitted to the meet host. 5. Parents are not permitted on deck during any practice hours, unless requested by the Group Coach. This is an insurance clause. 6. Parents are not permitted on deck during swim meets, unless that is the only seating available or working in an official capacity; this is an insurance clause. Parents are not to contact the Clerk of Course or Meet host unless directed to by a Coach. Failure to follow these two rules will result in a complete scratch from the meet for your swimmer. 7. Conference times with Coaches should be scheduled prior to or after practice. Please do not try and speak with the coaches during practice times. 8. Communication is primarily done via the Riptides website – www.TeamRiptides.com. Please check email regularly. 9. Parents are required to volunteer at Riptides’ hosted events, including, but not limited to swim meets, fund raisers, etc. 10. I hereby grant Team Riptide Aquatics the Myrtle Beach Riptides Booster Club, LLC and the web designer of the Riptides Racing Team’s website permission to use my or my minor child’s likeness in a photograph and/or video in any and all publications, including press, website entries and social media, without payment or any other considerations. I understand that these publications will become the property of Team Riptide Aquatics and may not be returned. I irrevocably authorize the above mentioned to alter, edit, copy, exhibit, publish, or distribute this photo for purposes of publicizing and promoting the Riptides Racing Team and all functions held under that name. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to any royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Team Riptide Aquatics, the Myrtle Beach Riptides Booster Club, LLC and the web designer of the Riptides Racing Team’s website, and any person officially representing the aforementioned from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person acting on my behalf or on the behalf of my estate, have or may have by reason of this authorization..

Consent If the swimmer is under the age of eighteen (18), his or her parent or legal guardian must also sign. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have read and understand the provisions of this document. I consent to the swimmer participating as described above, and I fully enter into and agree to the above release and waiver and forever waive any rights there from. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent or legal guardian Signature of swimmer For more information, contact head coach Mary Churchill at (843) 251-6484, email at churchillplus2@yahoo.com or visit [www.TeamRiptides.com](http://www.TeamRiptides.com)

**SOUTH CAROLINA SWIMMING OUTREACH PROGRAM**

Family qualifying income for the 2020 Outreach program is 138% of the Federal Poverty Guideline.

**INCOME MUST FALL AT OR BELOW THIS LEVEL IN ORDER TO QUALIFY FOR OUTREACH**

2018 Federal Poverty Level Guidelines Table

| **Household/Family Size** | **138%** |
| --- | --- |
| 1 | 16,753 |
| 2 | 22,715 |
| 3 | 28,676 |
| 4 | 34,638 |
| 5 | 40,600 |
| 6 | 46,561 |
| 7 | 52,523 |
| 8 | 58,484 |

Add $4,320 for each person over 8

**Applying for Outreach**

**New or First Time**: Required items: Birth Certificate + Copy of Family 2017 Federal 1040 Income Tax Return (first two pages with dependents listed).

**Returning:** Copy of Family 2017 Federal 1040 Income Tax Return (first two pages with dependents listed).