### USA SWIMMING 2020 ATHLETE REGISTRATION APPLICATION



**LSC: Sierra Nevada 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

Wolverine Aquatics Club

WAC

**(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**

#### 2020 REGISTRATION FEE

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

##### 

# TOTAL DUES: See Below

**MAKE CHECK PAYABLE TO:**

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

**Sierra Nevada Swimming (SNS)**

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

**Please submit to Amy/Chris Breitbart**

**Wolverine Aquatics Club (WAC)**

**Payable to Sierra Nevada Swimming (SNS)**

*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 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2020 REGISTRATION CATEGORIES (please select only one)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **✓** | **Membership Type** | **Valid Dates** | **Fee** | **Restrictions** |
| **❑** | Premium | 9/1/2019-12/31/2020 | $85.00 | None |
| **❑** | Flex | 9/1/2019-12/31/2020 | $20.00 | No more than 2 sanctioned meets per registration year.  Only for meets below LSC Championships, Zone, Sectional, and National Levels. |
| **❑** | Season 1 | 4/4/2020-8/31/2020 | $47.00 | Only for meets below LSC Championships, Zone, Sectional, and National Levels. |
| **❑** | Individual Season | 9/1/2019-12/31/2020  Valid for 150 days from registration date | $47.00 | Only for meets below LSC Championships, Zone, Sectional, and National Levels. |
| **❑** | Outreach | 9/1/2019-12/31/2020 | $7.00 | Must meet eligibility criteria. See Outreach Application. |