



CHECK APPROPRIATE SEASONAL PERIOD:

[] INDIVIDUAL SEASON

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal information: LAST NAME, LEGAL FIRST NAME, MIDDLE NAME, PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT.

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 E-MAIL ADDRESS, ATHLETE'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

UNATTACHED ATHLETES

MAKE CHECK PAYABLE TO:

KENTUCKY SWIMMING

MAIL APPLICATION & PAYMENT TO:

KENTUCKY SWIMMING
PO BOX 163
WILMORE, KY 40390

Table with 2 columns: Fee Name, Amount. Rows: 2020 REGISTRATION FEE, USA Swimming Fee (\$30.00), LSC Fee (\$30.00), TOTAL DUE (\$60.00).

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

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 _____