###  USA SWIMMING



###  2022 SINGLE MEET OPEN WATER ATHLETE REGISTRATION

 **APPLICATION**

  **LSC: Southeastern Swimming**

**NAME OF MEET/DATE(S)**

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

**PLEASE PRINT LEGIBLY ⚫ COMPLETE ALL INFORMATION:**

#  LAST NAME LEGAL FIRST NAME MIDDLE NAME

##  PREFERRED NAME DATE OF BIRTH (MM/DD/YY) 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

##  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**

**MAKE CHECK PAYABLE TO:**

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

**Unattached Swimmers payable to Southeastern Swimming**

**Or payable to your club**

 [ ]  A. Legally Blind or Visually Impaired check up to two choices):

#### 2022 REGISTRATION FEE

USA Swimming Fee: $10.00

##### LSC Fee: $10.00

# TOTAL DUE: $20.00

##  [ ]  B. Deaf or Hard of Hearing *[ ]*  Q. Black or African American

 [ ]  C. Physical Disability *such as* *[ ]*  R. Asian

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

**MAIL APPLICATION & PAYMENT TO:**

 *dwarfism, spinal injury, [ ]*  T. Hispanic or Latino

 *mobility impairment* [ ]  U. American Indian & Alaska Native

 **Unattached send to the SES Office 8607 Marlin Pl Panama City Beach, FL 32408**

**Or give to your club.**

 [ ]  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 2021, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**