



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 example text: (Bill, Beth, Scooter, Liz, Bobby) and instruction: 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 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

OPTIONAL DISABILITY and RACE AND ETHNICITY section with checkboxes for various conditions and racial/ethnic groups.

MAKE CHECK PAYABLE TO: WISCONSIN SWIMMING

MAIL APPLICATION & PAYMENT TO: WISCONSIN SWIMMING, 1907 Cedahurst Drive, New London, WI 54961-2297, E) admin@wisconsinswimming.org, P) 414-897-3735

Table with 2 columns: Fee Description and Amount. Rows include: 2020 REGISTRATION FEE, Sept. 1, 2019 through Dec. 31, 2020, USA Swimming Fee (\$62.00), LSC Fee (\$10.00), TOTAL DUE (\$72.00)

HIGH SCHOOL STUDENTS - Year of high school graduation: _____
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: _____

- 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 _____