



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"

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

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: <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability <i>such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability <i>such as severe learning disorder, autism</i>	RACE AND ETHNICITY (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

YOUR CLUB or IES

MAIL APPLICATION & PAYMENT TO:

IES Office
PO Box 8085
Moscow, ID 83843

2020 REGISTRATION FEE	
Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	\$62.00
LSC Fee	\$15.00
TOTAL DUE	\$77.00

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 _____