



NAME OF MEET/DATE(S)

[Empty box for Name of Meet/Date(s)]

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

(Bill, Beth, Scooter, Liz, Bobby) 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

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: RACE AND ETHNICITY (You may check up to two choices):

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

2019 REGISTRATION FEE table with USA Swimming Fee \$10.00, LSC Fee \$12.00, TOTAL DUE \$22.00

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED:

- 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