



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby)	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F) AGE CLUB CODE
NAME OF CLUB YOU REPRESENT – 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 <http://www.usaswimming.com/apt>

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
MAILING ADDRESS		CITY	STATE ZIP CODE
TELEPHONE NO.	FAMILY/HOUSEHOLD EMAIL ADDRESS		MEMBER'S EMAIL ADDRESS – if member is 17 yrs old or older

2020 REGISTRATION FEE Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	\$62.00
LSC Fee	\$10.00
TOTAL DUE	\$72.00

MAKE CHECK PAYABLE TO:
Wind N Sea Swim Team
 Please bring your check to practice and give to your coach

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)

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO U.S. CITIZEN: YES NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

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: _____

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 such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment <input type="checkbox"/> D. Cognitive Disability such as severe learning disorder, autism	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

SIGN HERE **X** _____ DATE _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN