###  USA SWIMMING 2020 ATHLETE REGISTRATION APPLICATION

 **LSC: Maryland Swimming**

**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](http://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

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##  AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS ATHLETE’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**

 **PLEASE CHECK THE BOX Submit payment and application to your club registrar**

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

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

##  B. Deaf or Hard of Hearing Q. Black or African American Unattached swimmers contact office@mdswim.org

 C. Physical Disability *such as* R. Asian

#### 2020 REGISTRATION FEE

**Sept. 1, 2019 through Dec. 31, 2020**

USA Swimming Fee $62.00

##### LSC Fee $25.00

TOTAL DUE $87.00

 *amputation, cerebral palsy,*  S. White

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

 *mobility impairment*  U. American Indian & Alaska Native

 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 2019, 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**