



USA SWIMMING

2022 ATHLETE REGISTRATION APPLICATION LSC: FLORIDA GOLD COAST 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

| | | | |
|-----------------------|------------------------|---------------------------------|-------------------------|
| 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 |

FILL OUT THIS FORM COMPLETELY, SIGN IT AND RETURN TO COACHES AT THE POOL

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 _____