



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Form fields for personal 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. Includes example text: (Bill, Beth, Scooter, Liz, Bobby) and instruction: 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

Form fields for guardian and contact information: 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 EMAIL ADDRESS, MEMBER'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 section with checkboxes for DISABILITY (A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as severe learning disorder, autism) and RACE AND ETHNICITY (Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander)

2021 REGISTRATION FEE
June 1, 2020 through December 31, 2021
TOTAL DUE \$5.00

MAKE CHECK PAYABLE TO:

NC SWIMMING

MAIL APPLICATION & PAYMENT TO:

Registrar, NC Swimming
PO Box 30863
Charlotte, NC 28230-0863

APPROPRIATE PAPERWORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE DELIVERED TO THE REGISTRAR IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_
YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2020, 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 \_\_\_\_\_