



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

[Empty boxes for Last Name, Legal First Name, Middle Name]

PREFERRED NAME

DATE OF BIRTH (MM/DD/YYYY)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

[Handwritten: Preferred Name, Date of Birth, Sex, Age, Club Code: USRP, Name of Club: USRP Racers Swim Team]

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME

GUARDIAN #1 FIRST NAME

If not affiliated with a club, enter "Unattached"

GUARDIAN #2 LAST NAME

GUARDIAN #2 FIRST NAME

[Empty boxes for Guardian names]

MAILING ADDRESS

[Empty box for Mailing Address]

CITY

STATE

ZIP CODE

[Empty boxes for City, State, Zip Code]

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

[Empty boxes for 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:

- 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

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

- 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

MAKE CHECK PAYABLE TO:

~~FLORIDA SWIMMING, INC.~~

MAIL APPLICATION & PAYMENT TO:

~~FLORIDA SWIMMING, INC.~~
644 E. WASHINGTON ST., SUITE B
MINNEOTA, FL 34715
904-862-2426-8746
@FLSC045cc2@aol.com

2019 REGISTRATION FEE

Sept. 1, 2018 through Dec. 31, 2019	
USA Swimming Fee	\$60.00
LSC Fee	\$15.00
TOTAL DUE	\$75.00

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, 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

- 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)

REG. DATE/LSC USE ONLY _____

Please return this form to Coach Rob. The registration fee of \$75 is included in the annual team fee.