



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

Input fields for Last Name, Legal First Name, and Middle Name.

PREFERRED NAME

DATE OF BIRTH (MO/DAY/YR)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

Input fields for Preferred Name, Date of Birth, Sex, Age, Club Code, and Club Name.

(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

Input fields for Guardian #1 and #2 names.

MAILING ADDRESS

Input field for Mailing Address.

CITY

STATE

ZIP CODE

Input fields for City, State, and Zip Code.

U.S. CITIZEN: [] YES [] NO

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD EMAIL ADDRESS

Input fields for Area Code, Telephone No., and Family/Household Email Address.

MEMBERS'S EMAIL ADDRESS

Input field for Member'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

OPTIONAL

DISABILITY:

- Disability options: 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):

- Race and Ethnicity options: 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

FLORIDA SWIMMING, INC.

MAIL APPLICATION & PAYMENT

FLORIDA SWIMMING
214 E. WASHINGTON ST., STE. B
MINNEOLA, FL 34715
admin@floridaswimming.org

- 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)

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: _____.

SIGN HERE x _____ DATE _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

2021 REGISTRATION CATEGORIES (please select only 1)

Table with 7 columns: Membership Type, Valid, USA Swimming Fee, LSC Fee, Total Fee, Restrictions. Rows include Premium, Flex, Season 1, Outreach, and Single Meet Open Water.