



USA SWIMMING

**SOUTHERN CALIFORNIA SWIMMING
2021 ATHLETE REGISTRATION
APPLICATION**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input style="width: 95%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>

(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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input style="width: 95%;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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

MAKE CHECK PAYABLE TO:

Southern California Swimming
MAIL APPLICATION & PAYMENT TO:
 Southern California Swimming
 28000 S. Western Ave. #226
 San Pedro, CA 90732
 Email: officemanager@socalswim.org
 310-684-1151

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

2021 REGISTRATION FEE	
June 1, 2020 through Dec. 31, 2021	
USA Swimming Fee	\$64.00
LSC Fee	\$8.00
TOTAL DUE	\$72.00

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: _____

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 _____