



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Previously registered with USA Swimming? [] Yes [] No

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) 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

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:

Your Team

MAIL APPLICATION & PAYMENT TO:

Club Team for Processing Unattached: Mail to: South Texas Swimming PO BOX 592493 San Antonio, TX 78259

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

2019 REGISTRATION FEE Sept. 1, 2018 through Dec. 31, 2019 USA Swimming Fee \$60.00 LSC Fee \$20.00 TOTAL DUE \$80.00

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:

- [] 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