

2022 ATHLETE REGISTRATION APPLICATION

LSC: NC

FOR USE 9/1/2021 - 8/30/2022

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFO			RMATION: LEGAL FIRST NAME						MIDDLE NAME	
PREFERRED NAME		DATE OF BIRTH (MM/DD/YY)		SEX (M/F)	AGE CLUB CODE		NAME	NAME OF CLUB YOU REPRESENT		
(Bill, Beth, Scooter, Liz, Bobby)						If not affiliated with a club, enter "Unattached"				
NOTE: If you are 18 years complete the Athlete Prote							y. In additio	on, in order	to be a member in good standing you must	
GUARDIAN #1 LAST NAME		GUARDIAN #1 FIRST NAME			GUARDIAN #2 LAST NAME			IAME	GUARDIAN #2 FIRST NAME	
		MAILING ADI	DRESS							
									J.S. CITIZEN:	
	CITY		STAT	F		ZIP CODE			J.S. CITIZEN. TES NO	
	0111			<u> </u>		Zii GODE			ARE YOU A MEMBER OF ANOTHER	
AREA CODE	TELER	PHONE NO.			HISELIC	LD EMAIL ADD	DESS		FINA FEDERATION? YES NO	
AREA CODE	TELEP	HONE NO.	1	AWILT/IIC	JUSERC	LD EWAIL ADD	RESS		IE VES WHICH EEDEDATION.	
									IF YES, WHICH FEDERATION:	
	MEMBER	RS'S EMAIL ADDRESS	·						HAVE YOU DEDDESCRITED THAT	
									HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL	
OPTIONAL			D ETHNICITY (Va.:			MAKE CHECK PAYABLE			COMPETITION? ☐ YES ☐ NO	
DISABILITY: □ A. Legally Blind o	r Visuallv	RACE AND ETH may check up to			NC	SWIMMING	3			
Impaired		☐ Q. Black or African American			MAIL APPLICATION & PAYMENT			7	☐ Check if you would like to	
	☐ B. Deaf or Hard of Hearing		☐ R. Asian			IIIAIE AI EIGATIGIT GI ATIIIETT			learn more about the USA	
☐ C. Physical Disability such as		☐ S. White			Registrar, NC Swimming			ing	Swimming Foundation's	
amputation, cerebral palsy, dwarfism, spinal injury, mobility		☐ T. Hispanic or Latino			PO Box 30863				initiatives	
impairment		☐ U. American Indian & Alaska			Charlotte, NC 28230				Check if you would like to	
D Cognitive Disability such as		Native ☐ V. Some Other Race ☐ W. Native Hawaiian & Other							receive the electronic USA	
									Swimming Newsletter (must	
		Pacific Islander	allall & Oll	E					be 13 years of age or older)	
HIGH SCHOOL STU	JDENTS - Ye	ar of high school	graduati	on:						
YEAR LAST REGISTER	ED: II	YOU REGISTERED	WITH A D	FFERENT	USA S	WIMMING CL	UB IN 202	20, ENTER	RTHAT	
CLUB CODE:	LSC CODE:	AND THE DATE	OF YOUR	LAST CON	ЛРЕТІТ	ON REPRESE	NTING TH	IAT CLUB	:	
SIGN HERE X	IATURE OF A	THLETE, PAREN	T OP CIT	ADDIAN		DATE				
SIGN	IATURE OF A	INLEIE, PAREN	i OK GU	AKDIAN		DATE				

2022 REGISTRATION CATEGORIES (please select only 1)

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Membership Type	Valid	Fee	Restrictions						
Premium	9/1/2021 – 12/31/2022	\$76.00	None						
Flex	9/1/2021 – 12/31/2022	\$20.00	Athlete 18-U, no more than 2 sanctioned meets per registration year; then upgrade. Only for meets below LSC Championships, Zone, Sectional, and National Levels.						
Individual Season	150 days	\$40.00	Only for meets below Zone, Sectional, and National Levels.						
Outreach	9/1/2021 – 12/31/2022	\$5.00	Must meet eligibility criteria.						
Single Meet Open Water	9/1/2021 – 12/31/2022	\$20.00	For unattached open water competition. Only for meets below Zone, Sectional, and National Levels.						