



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

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) FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

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

- 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 club; if UN make check to Middle Atlantic

MAIL APPLICATION & PAYMENT TO:

Your club; If unattached, mail to Middle Atlantic Swimming Attn: Registration 2150 New Castle Avenue New Castle, DE 19720

Table with 2 columns: Fee Type, Amount. Includes 2013 Outreach Fee (\$5.00) and LSC Fee (\$0.00), totaling \$5.00.

USA Swimming occasionally makes its membership list available to its marketing partners. If you do not wish to receive these mailings, please notify USA Swimming's Member Services Dept. at membership@usaswimming.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 2012, 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

REG. DATE/LSC USE ONLY

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

Middle Atlantic Outreach Policy:

Outreach Athlete membership is available to qualified athletes in accordance with USA Swimming guidelines. The purpose is to make membership available to athletes who might otherwise not be able to afford regular membership. Other than the membership fee, an Outreach Athlete member is not distinguishable from an Athlete member.

Applicants for Outreach Membership must be eligible for food stamps, eligible for free or reduced price school lunch programs, or eligible for similar need-based programs. The athlete's club shall submit the application for membership, whether as a new or renewed member, to the office of Middle Atlantic Swimming in a manner consistent with current policy for submission of all other membership application(s) together with a copy of the documentation proving eligibility for participation in the Outreach Program.