



MIDDLE ATLANTIC SWIMMING INC.

2150 New Castle Avenue
New Castle, DE 19720

302/429-6288
302/658-5666 (fax)
E-mail: office@maswim.org
Web: www.maswim.org

Athlete Transfer/Release Form

Athlete Information

Name _____ USA-S 14 digit # _____
Address _____ Birthday _____ / _____ / _____
_____ Phone _____

Club Information

Previous Club _____ Club Code _____ LSC _____

Release Certification:

I certify that the above athlete is clear of indebtedness to our club and I hereby approve this request for release.

Releasing Club Representative Title Date

Date of last competition _____ / _____ / _____ Meet _____

New Club _____ Club Code _____ LSC _____

We understand that in order for an athlete to represent a new club in a competitive event, 120 consecutive days must have elapsed without the athlete having represented any other club in USA Swimming Competition. We also hereby certify that the above information is true and correct to the best of our knowledge and belief.

Signature of Athlete Date

Signature of Parent or Guardian Date

Transfer is effective upon receipt by the Middle Atlantic office of completed Transfer form and fee. Transfer fee is \$10.00. Send check payable to Middle Atlantic Swimming and this form to:

Middle Atlantic Swimming, Inc
2150 New Castle Avenue
New Castle, DE 19720