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)   **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

MAILING ADDRESS

CITY	STATE	ZIP CODE
		—

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	ATHLETE'S EMAIL 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

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:

South Texas Swimming

MAIL APPLICATION & PAYMENT TO:
South Texas Swimming
PO Box 592793
San Antonio, TX 78259

Email: registration@stswim.org

2020 REGISTRATION FEE	
Sept. 1, 2019 through Dec. 31, 2020	
USA Swimming Fee	$62.00
LSC Fee	$20.00
TOTAL DUE	**$82.00**

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:** _____.

☐ 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 _____