

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

--	--	--

PREFERRED NAME

DATE OF BIRTH (MM/DD/YY)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

				CCST	Colonel Crawford Swim Team
--	--	--	--	------	----------------------------

(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](http://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 EMAIL ADDRESS

--	--	--

MEMBERS'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**

LESI

**MAIL APPLICATION & PAYMENT**

 Pam Cook  
 Lake Erie Swimming  
 301 Rockledge Drive  
 Bay Village, OH 44140

 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 2020, 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

**2022 REGISTRATION CATEGORIES (please select only 1)**

	Membership Type	Valid	USA Swimming Fee	LSC Fee	Total Fee	Restrictions
<input type="checkbox"/>	Premium	9/1/2021 – 12/31/2022	\$66.00	\$10.00	\$76.00	None
<input checked="" type="checkbox"/>	Flex	9/1/2021 – 12/31/2022	\$10.00	\$10.00	\$20.00	Athlete 18-U, no more than 2 sanctioned meets per registration year. Only for meets below LSC Championships, Zone, Sectional, and National Levels.
<input type="checkbox"/>	Individual Seasonal	150 days	\$30.00	\$5.00	\$35.00	Only for meets below Zone, Sectional, and National Levels.
<input type="checkbox"/>	Outreach	9/1/2021 – 12/31/2022	\$5.00	\$0.00	\$5.00	Must meet eligibility criteria. See Outreach Application
<input type="checkbox"/>	Single Meet Open Water	9/1/2021 – 12/31/2022	\$10.00	\$0.00	\$10.00	For <b>unattached open water</b> competition. Only for meets below Zone, Sectional, and National Levels.