

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

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PREFERRED NAME

DATE OF BIRTH (MM/DD/YY)

SEX (M/F)

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

				CCST	Colonel Crawford Swim Team
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(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

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MAILING ADDRESS

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CITY

STATE

ZIP CODE

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AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD EMAIL ADDRESS

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MEMBERS'S EMAIL ADDRESS

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 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

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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 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 unattached open water competition. Only for meets below Zone, Sectional, and National Levels.