

2022 PREMIUMATHLETE REGISTRATION APPLICATION LSC: PACIFIC SWIMMING (PC)

PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATION:

LAST NAME					LEGAL FIRST NAME						MIDDLE NAME		
PRE	FERRED NAME				TH (MO/DAY/Y	<u>r)</u> SI	EX (M/F)	AGE	CLUB CODE		NAME OF CLUB YOU R	EPRESENT	
					If not affilia					not affiliated with a club, enter "Ur	iated with a club, enter "Unattached"		
NOTE: If you a	re 18 years of a	ge or ol	der, yoı	<mark>ı are req</mark>	uired to a	abide	by to th	ne Min	or Athlete A	bus	se Prevention Policy. In additio	n, in order to be a	
member in goo	od standing you	must c	omplete	the Ath	lete Prote	ectior	n Trainii	<mark>ng. Th</mark>	<mark>e training ca</mark>	an b	e accessed at <u>www.usaswimm</u>	ing.org/apt	
CUARDI	ANI #1 I ACT NAME	-	C		N#1 FIRST		-			1 #2	LAST NAME GUARDIA	N #2 FIRST NAME	
GUARDIAN #1 LAST NAME GUARDIAI									GUANDIAN	#2		IN #2 FIRST NAME	
MAILING ADDRE						LSS							
CITY S							TATEZIP CODE						
AREA CODE TELEPHONE NUMBER					FAMILY/HOUSEHOLD EMAIL ADDRESS					ss	ATHLETE'S EMAIL ADDRESS		
											2022 REGISTRA		
			ARE YOU A MEMBER OF ANOTHEI FEDERATION? VES NO								September 1, 2021through December 31, 2022		
	IF YES	IF YES, WHICH FEDERATION:								USA Swimming fee = \$66			
										Pacific Swimming f	ee = \$18		
HAVE YOU REPRESENT FEDERATION AT INTER											Total Due = <u>\$84.00</u>		
		COMP	ETITION?	P 🗆 YES									
	"I understand and Protocol) and all	NA Anti-D rules ado	Joping Rules and U.S. Anti-Doping Agency Protoco opted by FINA, USADA, and the USOPC apply to n				Agency Proto SOPC apply to	col fo me a	ol for Olympic and Paralympic Movement Testing (USADA ne and that it is my responsibility to comply with those rules. I agree				
	to submit to drug	erstand that the use of methods or substances prohib alification and suspension. If it is determined that I m				r substances pi	rohib	pited by the applicable anti-doping rule	es would make me subject				
		processes							Protocol, or to the results management authority of FINA and/or				
	ee, tewinning,												
OPTIONAL						MAKE CHECK PAYABLE TO:			ABLE TO:		Check if you would like to learn more about the USA		
DISABILITY: RACE AND					You may		CIFIC				Swimming Foundation's		
A. Legally Blind or Visually Impaired check up to two choices): B. Deaf or Hard of Hearing Q. Black or African An											Check if you would like to receive the electronic USA		
C. Physical Disability such as amputation, cerebral palsy, □S. White						MAIL APPLICATION & PAYMENT TO:					Swimming Newsletter (must be 13 years of age or older)		
dwarfism, spinal injury, T. Hispanic or Latino mobility impairment U. American Indian & Alask				a Nativo	PACIFIC SWIMMING Native 1374 LUPINE COURT								
D. Cognitive Disability such as					a Nalive	CONCORD, CA 94521							
severe learning disorder, Islander Schere Pac					r Pacific								
adusin			Sidiluci										
IIGH SCHOOL STUDENTS – Year of high school graduation:											LSC USE ONLY		
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2021, ENTER THAT										REG. DATE :			
CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:													
		,		_ 0. 1000		0							
SIGN HERE X													
	SIGNATURE	OF ATH	LETE, PA	RENT OF	R GUARDIA	AN .		-	DATE				

Checking Your Registration Status and Printing Membership Cards:

You can create an account on USASwimming.org and once you create the account, you can download and print a copy of the ID card.

- To do this, go to USA Swimming's website, <u>www.usaswimming.org</u> and click on SIGN UP under REGISTER.
- Complete the PROFILE INFORMATION.
- Click on MY ACCOUNT and under USA SWIMMING MEMBERSHIP LINK, click LINK MY MEMBERSHIP RECORD.
- Type in first name, last name and date of birth.
- Once it pulls up the membership record, click this is me.
- Scroll back up to the red banner and click on My Deck Pass and accept the terms of conditions if requested.
- On the left hand-side, click on Membership CARD and the membership card will be displayed as a pdf for you to print