



NAME OF MEET/DATE(S)

The Pageant Swim

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

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"

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):

- O. 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:

Middle Atlantic Swimming

MAIL APPLICATION & PAYMENT TO:

Middle Atlantic Swimming
500 Creek View Rd. Suite 101
Newark, DE 19711

2020 REGISTRATION FEE

Table with 2 columns: Fee Type, Amount. Rows: USA Swimming Fee \$10.00, LSC Fee \$0.00, TOTAL DUE \$10.00

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:

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY