



USA SWIMMING (LSC) REG DATE: _____ **2020 PREMIUM ATHLETE REGISTRATION APPLICATION**

LSC: Minnesota Swimming, Inc.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

NOTE: If you are 18 years of age or older, you are required to abide by the Minor Athlete Abuse Prevention Policy (MAAPP). In addition, in order to be a member in good standing, you must complete the Athlete Protection Training (APT). The training can be accessed at www.usaswimming.org/apt

GUARDIAN LAST NAME	GUARDIAN FIRST NAME	GUARDIAN FIRST NAME	GUARDIAN LAST NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

AREA CODE	TELEPHONE NUMBER	FAMILY/HOUSEHOLD E-MAIL ADDRESS	MEMBER'S EMAIL
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

U.S. CITIZEN: YES NO Are you a member of another FINA Federation? YES NO | If so, which Federation? _____
Have you represented that Federation at International Competition: YES NO

<p>DISABILITY:</p> <p><input type="checkbox"/> A. Legally Blind or Visually Impaired</p> <p><input type="checkbox"/> B. Deaf or Hard of Hearing</p> <p><input type="checkbox"/> C. Physical Disability <i>such as</i> amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</p> <p><input type="checkbox"/> D. Cognitive Disability <i>such as</i> severe learning disorder, autism</p>	<p>OPTIONAL RACE AND ETHNICITY (You may check up to two choices):</p> <p><input type="checkbox"/> Q. Black or African American</p> <p><input type="checkbox"/> R. Asian</p> <p><input type="checkbox"/> S. White</p> <p><input type="checkbox"/> T. Hispanic or Latino</p> <p><input type="checkbox"/> U. American Indian & Alaska Native</p> <p><input type="checkbox"/> V. Some Other Race</p> <p><input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander</p>
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MAKE CHECK PAYABLE TO:

Evolve U Fitness

MAIL APPLICATION & PAYMENT TO:

Evolve U Fitness
1608 Highway 71
International Falls, MN
56649

2020 REGISTRATION FEE

Sept. 1, 2019 through Dec. 31, 2020

USA Swimming Fee \$62.00
LSC Fee 8.00

TOTAL DUE \$70.00

Dual Member (Already Non-athlete Member)
Pay LSC fee only: \$8.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2019, enter club and last date of completion.

You must also complete a TRANSFER FORM. Return transfer form with \$5 fee to MNSI office or your swim club.

YEAR LAST REGISTERED: _____ CLUB: _____

Date of last meet competing with that club? _____