



ILLINOIS SWIMMING ATHLETE TRANSFER APPLICATION

PARENT OR ADULT ATHLETE MUST READ AND FILL OUT THIS APPLICATION

Date: _____ Athlete's USA Swimming Registration ID: _____

Athlete's Legal Name: _____
Last Name First Name Middle Initial Preferred Name

Athlete's Birth Date: _____ / _____ / _____
Month Day Year

Athlete's Current Address: _____
Address and Street City State Zip Code

Home Phone Number: _____ - _____
(Area Code)

OLD CLUB INFORMATION

Name of Club releasing from: _____ Club Code: _____ LSC: _____

Date of last open competition with above Club: _____
Name of Meet Month/ Day/ Year

I understand that I must wait 120 days from my last competition representing my old club before I can represent my new club in competition. I will swim UNATTACHED in any meets I participate in during these 120 days. I will not swim on any club relays until my 120 days have elapsed.

Signature of Parent or Guardian (Athlete, if over 18 years of age) Date

NEW CLUB INFORMATION

Name of New Club: _____ New Club Code: _____

Name of Head Coach of above club: _____

RETURN THIS COMPLETED/SIGNED FORM AND A PROCESSING FEE OF \$10.00 (TEN DOLLARS) TO:

**ILLINOIS SWIMMING OFFICE
3166 S. RIVER ROAD SUITE 30
DES PLAINES, IL 60018**

OFFICE USE ONLY

DATE RECEIVED _____ FEE PAID _____
(FEE WAIVED FOR CURRENT REGISTERED COLLEGE ATHLETE OR OUT OF LSC TRANSFER INTO ILLINOIS)

ATTACHMENT DATE: _____ CURRENT YEAR REGISTRATION DATE: _____