

SOUTH DAKOTA 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 1 20 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 1 20 days. I will not swim on any club relays until my 1 20 days have elapsed.

Signature of Parent or Guardian (Athlete, if over 1 8 years of age) Date

The athlete listed above is hereby released from the above named club in good standing.

Name of Club Releasing Athlete (Old Club) Signature of Authorized Club Officer Date

NEW CLUB INFORMATION

Name of New Club: _____ New Club Code: _____

Name of Head Coach of above club: _____

RETURN THIS COMPLETED/SIGNED FORM TO:
SHERRY MILLER
5813 W. KAREN DR.
SIOUX FALLS, SD 57106

OFFICE USE ONLY

DATE RECEIVED _____ CURRENT YEAR REGISTRATION DATE: _____ ATTACHMENT DATE: _____

TRANSFER COMPLETE (SD ATTACHED CARD ISSUED): _____