

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

The athlete listed above is hereby released from the above named club, with no indebtedness and 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 AND A PROCESSING FEE OF \$10.00 (TEN DOLLARS) TO:

**ILLINOIS SWIMMING OFFICE
PO Box 877
AURORA, IL 60507**

OFFICE USE ONLY

DATE RECEIVED _____ FEE PAID _____ CURRENT YEAR REGISTRATION DATE: _____

ATTACHMENT DATE: _____ UNATTACHED STATUS BEGUN ON: _____

TRANSFER COMPLETE (IL ATTACHED CARD ISSUED): _____