FLORIDA SWIMMING

214 E. Washington Street, Suite B, Minneola, FL 34715
352-242-5145 (O) 352-242-5245 (F)
FLSOffice2@aol.com (E)

USA Swimming Club Release and Transfer Form:

OUT-OF-STATE TRANSFERS: Please attach a copy of your proof of birth date listed, birth certificate, passport, etc. (required).

TRANSFER FROM ONE FL CLUB TO ANOTHER OR FROM FL UNATTACHED: If you are **currently registered** with Florida Swimming, Inc. and wish to change Club affiliation within Florida Swimming, complete all information below and mail, email or fax this completed form.

The following swimmer requests to be released: Date Sent: _____

Name: _____ USA Swimming #_____
Last First MI

Address: _____
Street City State Zip

Phone: _____ Birthday: _____

Released from the following club:_____ Club Code_____ LSC_____

Attaching to the following club:_____ Club Code_____ LSC_____

STATEMENT OF TRANSER AND GOOD STANDING:
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 those 120 days. I will not swim on any club relays until my 120 days have elapsed. I also certify that I am in good standing with my old club/LSC and that all information is true and correct to the best of my knowledge.

Below is the last meet I swam in representing my old club. The date listed is the last day of the meet that I swam.

_____
DATE MEET LOCATION

_____ _____
SIGNATURE (Athlete/Parent/Guardian) DATE

MAIL COMPLETED FORM TO: **Florida Swimming**
214 E. Washington Street, Suite B
Minneola, FL 34715

FOR OFFICE USE ONLY

Date Rec:_____ **Card Issued:**_____ **Transfer Date:**_____