



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



USA Swimming Club Release and Transfer Form:

OUT-OF-STATE TRANSFERS: Please attach your current USA Swimming card (or copy) from your former LSC for USA Swimming Membership proof and a copy of your birth certificate (required).

TRANSFER FROM ONE CLUB TO ANOTHER OR FROM UNATTACHED: If you are **currently registered** with Florida Swimming and wish to change Club affiliation within Florida Swimming, complete all information below and mail with current membership card.

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: _____