MICHIGAN SWIMMING, INC.

MICHIGAN SWIMMING ATHLETE TRANSFER FORM

This section to be completed by athlete or parent(s)

The following swimmer requests to be released:

Name_____ Birth Date _____
(Last) (Legal First) (MI) (mm/dd/yy)

Released from the following club_____ Club Code_____ LSC_____

Date of last meet with aforementioned club_____

Name of club transferring to_____ Club code_____

Person in club you are *transferring to* who accepts this transfer_____

_____
(Name and signature)

In accordance with USA Swimming Rules & Regulations, Section 203.3 – We understand that in order for an athlete to represent a new USA Swimming club in a competitive event, 120 consecutive days must have elapsed without the athlete having represented any other USA Swimming club in USA Swimming competition. We certify that the above information is true & correct to the best of our knowledge.

_____ _____
(Athlete Signature) (Parent Signature)

_____
(Address) (City/State) (Postal Code) (Phone)

_____
(E-mail address for parent)

One membership card will be issued now and if there is a waiting period, another will be issued at the end of the 120-day waiting period. INCLUDE TRANSFER FEE OF $1.00 PER CARD (maximum of $2.00), A COPY OF CURRENT MEMBERSHIP CARD (if available) AND MAIL TO:

Michigan Swimming Office
Jan Cartmill
PO Box 1784
Midland, MI 48641-1784

FOR MICHIGAN SWIMMING OFFICE USE ONLY

Date received @ MS Office:_____

Swimmer must stay UN (unattached) until the following date:_____