



**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: \_\_\_\_\_