



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH (MO./DAY/YR.), SEX (M/F), AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT fields

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN FIRST NAME fields

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

AREA CODE, TELEPHONE NO. fields

MAKE CHECK PAYABLE TO:

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

make up to two choices if appropriate): IF YES,

DISABILITY:

A. Legally Blind or Visually Impaired

WHICH FEDERATION:

- B. Deaf or Hard of Hearing
C. amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment

- D. mental retardation, severe learning disorder, autism

RACE AND ETHNICITY (You may

- Q. Black or African American
S. White
T. Hispanic or Latino
U. American Indian & Alaska Native
W. Native Hawaiian & Other Pacific Islander

MAIL APPLICATION & PAYMENT TO:

REGISTRATION FEE table with USA Swimming Fee \$45.00, LSC Fee 6.00, TOTAL DUE \$51.00

YEAR LAST REGISTERED: ____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT

Member Services

mailings.

SIGN HERE x ABOUT SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list marketing partners. Please notify USA Swimming's Dept. at 719/866-4578 if you do not wish to receive these

CHECK IF YOU WOULD LIKE TO LEARN MORE USA SWIMMING'S COMMUNITY INITIATIVES