



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION LSC: NEW ENGLAND SWIMMING

REGISTRATION DATE
OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

PREFERRED NAME

DATE OF BIRTH
MO. DAY YR.

SEX
M-F

AGE

CLUB CODE

NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME

FATHER/GUARDIAN FIRST NAME

MOTHER/GUARDIAN LAST NAME

MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

DISABILITY:

- A. Legally Blind or Visually Impaired
- B. Deaf or Hard of Hearing
- C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
- D. Cognitive Disability such as mental retardation, severe learning disorder, autism

RACE AND ETHNICITY (You may make up to two choices if appropriate):

- A. Black or African American
- R. Asian
- S. White
- T. Hispanic or Latino
- U. American Indian & Alaska Native
- V. Some Other Race
- W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

YOUR CLUB

MAIL APPLICATION & PAYMENT TO:

Your Club

YEAR LAST REGISTERED

IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, ENTER THAT

CLUB CODE LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

SIGN HERE X SIGNATURE OF ATHLETE PARENT OR GUARDIAN

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	14.00
TOTAL DUE	\$60.00

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719.666-4578 if you do not wish to receive these mailings.

- Check if you would like to learn more about USA Swimming's community initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)