



USA SWIMMING

2010 SEASONAL ATHLETE REGISTRATION APPLICATION LSC: OKLAHOMA SWIMMING, INC.

CHECK APPROPRIATE SEASONAL PERIOD:
 SEASON 1 SEASON 2 INDIVIDUAL SEASON

REGISTRATION DATE
OFFICE USE ONLY

*THIS MEMBERSHIP IS ONLY FOR MEETS BELOW
ZONE, SECTIONAL AND NATIONAL LEVELS.*

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
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PREFERRED NAME	DATE OF BIRTH MO. DAY YR.	SEX M-F	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
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FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
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MAILING ADDRESS

CITY	STATE	ZIP CODE
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AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
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- 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):
- Q. 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 LOCAL SWIM CLUB

MAIL APPLICATION & PAYMENT TO:

**Carole Lee
PO Box 690782
Tulsa, OK 74169**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?
 YES NO

IF YES, WHICH FEDERATION:

REGISTRATION FEE

USA Swimming Fee	\$26.00
LSC Fee	5.00
TOTAL DUE	\$31.00

YEAR LAST REGISTERED _____

SIGN HERE X _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 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)