### USA SWIMMING 2017 ATHLETE REGISTRATION APPLICATION



**LSC: WI**

**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

**(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter “Unattached”**

# GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

## MAILING ADDRESS

**U.S. CITIZEN:**  **YES**  **NO**

## CITY STATE ZIP CODE

**ARE YOU A MEMBER OF ANOTHER FINA**

**FEDERATION?  YES  NO**

**IF YES, WHICH FEDERATION:**

**HAVE YOU REPRESENTED THAT**

**FEDERATION AT INTERNATIONAL**

**COMPETITION?  YES  NO**

–

## AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

**OPTIONAL**

**MAKE CHECK PAYABLE TO:**

**DISABILITY: RACE AND ETHNICITY** (You may

**Wisconsin Swimming**

A. Legally Blind or Visually Impaired check up to two choices):

## B. Deaf or Hard of Hearing Q. Black or African American

**MAIL APPLICATION & PAYMENT TO:**

C. Physical Disability *such as*  R. Asian

#### 2017 REGISTRATION FEE

**Sept. 1, 2016 through Dec. 31, 2017**

USA Swimming Fee $56.00

##### LSC Fee $ 8.00

# TOTAL DUE $64.00

*amputation, cerebral palsy,*  S. White

**Carol Graham**

**1716 Thrush Lane**

**Mequon, WI 53092**

*dwarfism, spinal injury,*  T. Hispanic or Latino

*mobility impairment*  U. American Indian & Alaska Native

D. Cognitive Disability *such as*  V. Some Other Race

*severe learning disorder,*  W. Native Hawaiian & Other Pacific

*autism*  Islander

**HIGH SCHOOL STUDENTS – Year of high school graduation:**

Check if you would like to learn more about the USA Swimming Foundation’s initiatives

Check if you would like to receive the electronic USA Swimming Newsletter *(must be 13 years of age or older)*

**YEAR LAST REGISTERED:** **. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, 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 DATE REG. DATE/LSC USE ONLY**

**Winter Address ~Thanksgiving 2016~Mother’s Day 2017**

**Carol Graham**

**PO Box 27**

**Goodland, FL 34140**