

## 2010 ATHLETE REGISTRATION APPLICATION LSC: GULF SWIMMING

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:  LAST NAME	LEGAL FIRST NAME	MIDE	DLE NAME	
PREFERRED NAME  DATE OF BIRTH (MOJDAY/Y               FATHER/GUARDIAN LAST NAME  MAILING ADI	ST NAME MOTHER/GUARDIAN LA		YOU REPRESENT ER/GUARDIAN FIRST N	AME
CITY  AREA CODE  TELEPHONE NO.  DISABILITY:  A. Legally Blind or Visually Impaired  B. Deaf or Hard of Hearing  AREA CODE  TELEPHONE NO.  RACE AND ETHNICITY (You may make up to two choices if appropriate):  Q. Black or African American	STATE Z  FAMILY/HOUSEHOLD E-MAIL ADDRESS  MAKE CHECK PAYABLE TO:  GULF SWIMMING	FEDERATIO	MEMBER OF ANOTHER	R FINA
□ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment       □ R. Asian         □ D. Cognitive Disability such as mental retardation, severe learning disorder, autism       □ V. American Indian & Alaska Native         □ V. Some Other Race       □ W. Native Hawaiian & Other Pacific         Islander	MAIL APPLICATION & PAYMENT TO: ANNETTE LEACH 51 QUIET OAK CIRCLE THE WOODLANDS, TX 77381 E-MAIL: AnetLeach@aol.com 281-367-6948	<u> </u>	REGISTRATION USA Swimming Fee LSC Fee TOTAL DUE	\$46.00 \$20.00 <b>\$66.00</b>
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA CLUB CODE:AND THE DATE OF YOUR LAST COM SIGN HERE X SIGNATURE OF ATHLETE, PARENT OR GUARDIA	PETITION REPRESENTING THAT CLUB:	marketing partners. Please not at 719/866-4578 if you do not Check if you would like to initiatives	makes its membership list availa lotify USA Swimming's Member S t wish to receive these mailings. learn more about USA Swimmin or receive the electronic USA Swin lears of age or older)	Services Dept.