



USA SWIMMING

2009 SEASONAL ATHLETE REGISTRATION APPLICATION LSC: GULF SWIMMING

CHECK APPROPRIATE SEASONAL PERIOD:
 SEASON 1 SEASON 2 INDIVIDUAL SEASON

REGISTRATION DATE
OFFICE USE ONLY
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*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 _____

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. _____

U.S. CITIZEN? YES NO
ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

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):
 O. 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:

TEAM

MAIL APPLICATION & PAYMENT TO:

**Annette Leach
51 Quiet Oak Circle
The Woodlands, TX 77381
Email: AnetLeach@aol.com
281-367-6948**

REGISTRATION FEE	
USA Swimming Fee	\$25.00
LSC Fee	10.00
TOTAL DUE	\$35.00

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