USA SWIMMING

2009 ATHLETE REGISTRATION APPLICATION
LSC: North Carolina Swimming

REG. 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

IF UNATTACHED ENTER UN

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):

- ☐ 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:

MAIL APPLICATION & PAYMENT TO:

Barb Frith

REGISTRATION FEE	
USA Swimming Fee	$45.00
LSC Fee	$ 5.00
TOTAL DUE	**$50.00**

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, 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

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