



# USA SWIMMING

## 2021 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

NAME OF MEET/DATE(S)

2021 Eastern Zone Open Water Championship 6/26/2021

### LSC: Connecticut Swimming (CT)

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME	/GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OPTIONAL**

**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* severe learning disorder, autism

**RACE AND ETHNICITY** (You may check up to two choices):

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:**

**Connecticut Swimming, Inc.**

**MAIL APPLICATION & PAYMENT TO:**

**Jen Lyman  
4B Hamre Lane  
Branford, CT 06405**

U.S. CITIZEN:  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?  YES  NO

2021 REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	2.00
<b>TOTAL DUE</b>	<b>\$12.00</b>

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_

SIGN HERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

REG. DATE/LSC USE ONLY \_\_\_\_\_

- 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*)