###  USA SWIMMING 2019 SINGLE-MEET OPEN WATER ATHLETE APPLICATION



 **NAME OF MEET / DATE(S) LSC: Minnesota Swimming**

 **THIS MEMBERSHIP IS ONLY FOR MEETS BELOW THE**

 ***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

 **(Bill, Beth, Scooter, Liz, Bobby)**

#  PARENT/GUARDIAN #1 LAST NAME PARENT/GUARDIAN #1 FIRST NAME PARENT/GUARDIAN #2 LAST NAME PARENT/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?** [x]  **YES** [ ]  **NO**

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

 **OPTIONAL**

**MAKE CHECK PAYABLE TO:**

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

**Minnesota Swimming, Inc.**

 [ ]  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

#### 2019 REGISTRATION FEE

USA Swimming Fee $10.00

##### LSC Fee 8.00

# TOTAL DUE $18.00

 *amputation, cerebral palsy, [ ]*  S. White

**Minnesota Swimming**

**1001 Highway #7**

**Hopkins, MN 55345**

 *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

**REG. DATE/LSC USE ONLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR LAST REGISTERED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_