### 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?  YES  NO**

–

## 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_