

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

2015 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

REG DATE/LSC USE ONLY _____

NAME OF	F MEET/DATE(S)	LSC:		
			THIS MEMBE	RSHIP IS ONLY FOR MEETS BELOW
			ZONE, SECTI	ONAL AND NATIONAL LEVELS.
PLEASE PRINT LEGIBLY ● CO	OMPLETE ALL INFORMATION:			
LAST NAME		LEGAL FIRST NAME	MIDDLE NAME	
DDEEEDDED NAME	DATE OF BIRTH WARRANG	ACE		
PREFERRED NAME	DATE OF BIRTH (MO/DAY/	YR) SEX (M/F) AGE		
(Bill, Beth, Scooter, Liz, Bobby)				
FATHER/GUARDIAN LAST NA	ME FATHER/GUARDIAN FIF	RST NAME MOTHER/GUARDIAN I	LAST NAME	MOTHER/GUARDIAN FIRST NAME
	MAILING ADDRESS			
	MAILING ADDICEO			
			U.S	S. CITIZEN: YES NO
CITYSTATEZIP CODE				
		1 1 1 1 1 1 1		E YOU A MEMBER OF ANOTHER FINA
			FE FE	DERATION? YES NO
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	IF`	YES, WHICH FEDERATION:
			<u> </u>	
		MAKE CHECK BAYARI E TO	HA	VE YOU REPRESENTED THAT
DISABILITY:	RACE AND ETHNICITY (You may	MAKE CHECK PAYABLE TO:		DERATION AT INTERNATIONAL
☐ A. Legally Blind or Visually Impaired☐ B. Deaf or Hard of Hearing	check up to two choices):	RICE Aquatics Masters	CO	MPETITION? YES NO
C. Physical Disability such as	R. Asian	MAIL APPLICATION & PAYMENT TO:		
amputation, cerebral palsy,	S. White	Seth Huston		2015 REGISTRATION FEE
dwarfism, spinal injury,	T. Hispanic or Latino	RICE Aquatics Masters		USA Swimming Fee \$10.00
mobility impairment D. Cognitive Disability such as	☐ U. American Indian & Alaska Native☐ V. Some Other Race			LSC Fee
severe learning disorder,	W. Native Hawaiian & Other Pacific	710 Cheltenham		TOTAL DUE
autism	Islander	Katy, TX. 77450		
			Па :r	
HIGH SCHOOL STUDENTS - Year of high s	school graduation:			you would like to learn more about the USA Swimming
VEAR LACT REGISTERED.				you would like to receive the electronic USA Swimming
YEAR LAST REGISTERED:	-			er (must be 13 years of age or older)
SIGN				
HERE x				

DATE