



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

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

PARENT/GUARDIAN #1 LAST NAME	PARENT/GUARDIAN #1 FIRST NAME	PARENT/GUARDIAN #2 LAST NAME	PARENT/GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

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

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 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:

NC SWIMMING

MAIL APPLICATION & PAYMENT TO:

**Registrar, NC Swimming
P. O. Box 30863
Charlotte, NC 28230-0863**

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

2016 REGISTRATION FEE	
Sept. 1, 2015 through Dec. 31, 2016	
USA Swimming Fee	\$54.00
LSC Fee	\$10.00
TOTAL DUE	\$64.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2015, 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

_____ 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*)