REG. DATE / OFFICE USE ONLY:

USA SWIMMING

2016 SEASONAL ATHLETE REGISTRATION APPLICATION
LSC: OH

CHECK APPROPRIATE SEASONAL PERIOD:

☐ **SEASON 1** (4/1/16 – 8/28/16) ☐ **SEASON 2** (10/9/15 – 3/6/16)

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**

PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby) | **DATE OF BIRTH** (MO/DAY/YR) | **SEX** (M/F) | **AGE** | **CLUB CODE** | **NAME OF CLUB YOU REPRESENT** (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? _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ **YES** ☐ **NO**

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:

Club Name (or **Ohio Swimming** if Unattached**)**
(Give application and payment to club rep)

MAIL APPLICATION & PAYMENT TO:

Ohio Swimming, Inc.
5020 B College Corner Pike
Oxford, Ohio 45056
513.673.3326 (o) 513.282.4090 (fax)
office@swimohio.com

2016 REGISTRATION FEE

USA Swimming Fee	$30.00
LSC Fee	$5.00
TOTAL DUE	**$35.00**

☐ 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)*

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**