### USA SWIMMING 2016 SEASONAL ATHLETE REGISTRATION APPLICATION



**LSC: San Diego-Imperial Swimming**

**SEASONAL PERIOD: April 1, 2016 -- August 31, 2016** *THIS MEMBERSHIP IS ONLY FOR MEETS BELOW,* ***ZONE, SECTIONAL AND NATIONAL LEVELS.***

**PLEASE PRINT LEGIBLY** ⚫ **COMPLETE ALL INFORMATION** ⚫ **\*FIRST TIME APPS: MUST BRING ORIGINAL BIRTH CERT OR PASSPORT\***

# 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

**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

**San Diego-Imperial All Sports Assoc.**

A. Legally Blind or Visually Impaired check up to two choices):

**MAIL APPLICATION & PAYMENT TO:**

## B. Deaf or Hard of Hearing Q. Black or African American

C. Physical Disability *such as*  R. Asian

#### 2016 REGISTRATION FEE

April 1, 2016 through August 31, 2016

USA Swimming Fee $30.00

##### LSC Fee $7.00

# TOTAL DUE $37.00

CASH or CHECK only

**Deanna Rupp**

**3511 Camino Del Rio South, Suite 405**

**San Diego, CA 92108**

**Email: office@si-swimming.com**

**619-275-1292 HRS: M-F 10:30A-2:30P**

**www.si-swimming.com**

*amputation, cerebral palsy,*  S. White

*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

**HIGH SCHOOL STUDENTS – Year of high school graduation:**

Check if you would like to learn more about the USA Swimming Foundation’s initiatives

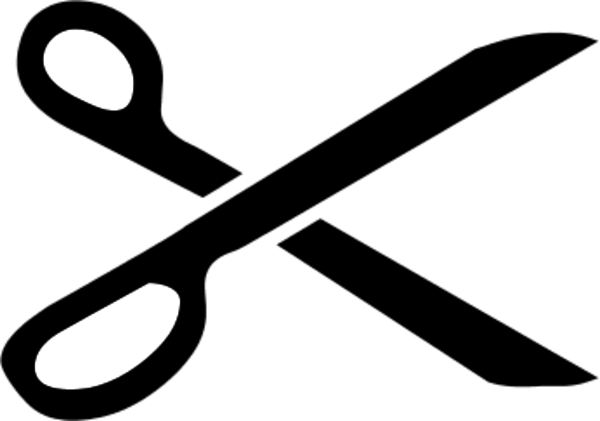
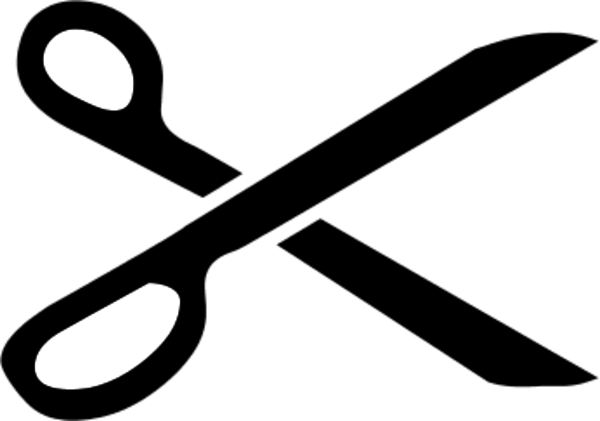
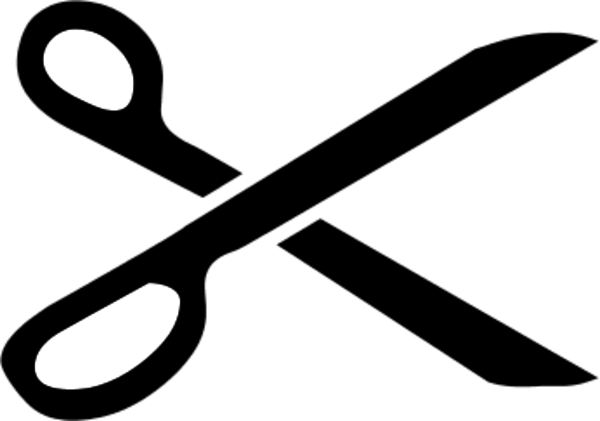
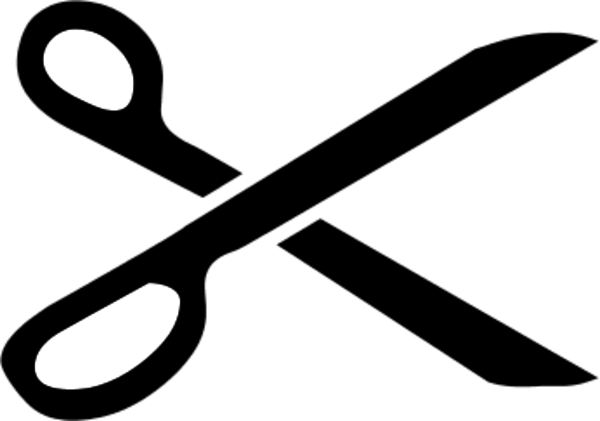
Check if you would like to receive the electronic USA Swimming Newsletter *(must be 13 years of age or older)*

**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**

***----------------------------------------------------------------------------------------------------------------------------------------------------***

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