###  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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