



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

Previously registered with USA Swimming? [] Yes [] No

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) GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME 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

OPTIONAL 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:

YOUR TEAM

MAIL APPLICATION & PAYMENT TO:

Please give application to your Club Team for Processing

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

- [] 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)

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN _____ DATE _____

REG. DATE/LSC USE ONLY _____