### USA SWIMMING 2017 SINGLE-MEET OPEN WATER ATHLETE APPLICATION



**NAME OF MEET/DATE(S) LSC: Southeastern Swimming (SE)**

*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 DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE

**(Bill, Beth, Scooter, Liz, Bobby)**

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

**Local Swim Club or if Unattached to SE**

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

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

**MAIL APPLICATION & PAYMENT TO:**

C. Physical Disability *such as* R. Asian

#### 2017REGISTRATION FEE

USA Swimming Fee $10.00

##### LSC Fee $5.00

# TOTAL DUE $15.00

*amputation, cerebral palsy,* S. White

**Local Club or if Unattached to**

**SE**

**327 East Longleaf Dr**

**Auburn, AL 36832**

*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

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:**

**SIGN**

**HERE** x

**SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE REG. DATE/LSC USE ONLY**