###  USA SWIMMING 2018 SINGLE-MEET OPEN WATER ATHLETE APPLICATION



 **NAME OF MEET/DATE(S) LSC: Southeastern Swimming, Inc (SES)**

 *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

**Your local swim team or if Unattached –**

**Southeastern Swimming**

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

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

 [ ]  C. Physical Disability *such as* *[ ]*  R. Asian

**MAIL APPLICATION & PAYMENT TO:**

#### 2018 REGISTRATION 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**

**SES**

**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**