USA SWIMMING

2018 OUTREACH ATHLETE REGISTRATION APPLICATION
LSC: ALASKA

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME | **LEGAL FIRST NAME** | **MIDDLE NAME**

PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby) | **DATE OF BIRTH** (MO/DAY/YR) | **SEX** (M/F) | **AGE** | **CLUB CODE** | **NAME OF CLUB YOU REPRESENT**

If not affiliated with a club, enter "Unattached"

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 Swim Club (OR, if you are registering yourself, AK Swimming)

MAIL APPLICATION TO:

Angela Heaphy
17249 Yellowstone Dr.
Eagle River, Alaska 99577

MAIL PAYMENT TO:

Wendy Kolberg
13891 E. Jersey Loop
Palmer, Alaska 99645

2018 OUTREACH FEE	
Sept. 1, 2017 through Dec. 31, 2018	
USA Swimming Fee	$5.00
LSC Fee	
TOTAL DUE	**$5.00**

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TOTHIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. **IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2017, 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 _____