



2007 SINGLE-MEET OPEN WATER ATHLETE APPLICATION
LSC: HAWAIIAN SWIMMING

REG DATE / OFF USE ONLY NAME OF MEET/DATE(S)

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

FATHER'S LAST NAME FATHER'S FIRST NAME MOTHER'S LAST NAME MOTHER'S FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO.

U.S. CITIZEN? YES NO

MAKE CHECK PAYABLE TO:

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

MAIL APPLICATION & PAYMENT TO:

IF YES, WHICH FEDERATION:

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 mental retardation, severe learning disorder, autism

ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):

- Q. African American
R. Asian or Pacific Islander
S. Caucasian
T. Hispanic
U. Native American
V. Other

Table with 2 columns: Fee Name, Amount. Rows: USA Swimming Fee (\$10.00), LSC Fee, TOTAL DUE

YEAR LAST REGISTERED

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND