



REG. DATE / OFFICE USE ONLY
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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 CLUB CODE NAME OF CLUB YOU REPRESENT

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

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? [] YES [] NO

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

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

REGISTRATION FEE
USA Swimming Fee \$43.00
LSC Fee
TOTAL DUE

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/_____.

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