



REG. DATE / OFFICE USE ONLY
[ ] [ ]

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/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN 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

- RACE AND ETHNICITY (You may make up to two choices if appropriate):
[ ] 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:

MAIL APPLICATION & PAYMENT TO:

Gwenn Tomiyoshi
171 G Ainaola Dr.
Hilo, Hawaii 96720

REGISTRATION FEE
USA Swimming Fee \$44.00
LSC Fee \$10.00
TOTAL DUE \$54.00

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, 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 LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES