



USA SWIMMING

**2009 SEASONAL ATHLETE REGISTRATION APPLICATION
LSC: MARYLAND SWIMMING**

CHECK APPROPRIATE SEASONAL PERIOD:
 SEASON 1 SEASON 2 INDIVIDUAL SEASON

REGISTRATION DATE
OFFICE USE ONLY

*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 _____ 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):

- O. 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:

REGISTRATION FEE

USA Swimming Fee	\$25.00
LSC Fee	5.00
TOTAL DUE	\$30.00

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 719/866-4576 if you do not wish to receive these mailings.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES