

2016 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: ALASKA

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
(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LAST NAME PAREN	T/GUARDIAN #1 FIRST NAME PA	If not affiliated with	n a club, enter "Unattached" AST NAMEPARENT/GUARDIAN #2 FIRST NAME
M	AILING ADDRESS		
			U.S. CITIZEN: YES NO
CITY	STATE	ZIP CODE	ARE YOU A MEMBER OF ANOTHER FINA
			FEDERATION? YES NO
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOL	D E-MAIL ADDRESS	IF YES, WHICH FEDERATION:
DISABILITY: A. Legally Blind or Visually Impaired C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as severe learning disorder,			HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO 2016 OUTREACH FEE Sept. 1, 2015 through Dec. 31, 2016 USA Swimming Fee \$5.00 LSC Fee
severe learning disorder, W. Native Hawa autism Islander	alian & Other Pacific Julieau, AK 990 valeriemertz@g		TOTAL DUE \$5.00
		PROPERLY REC	
UB CODE:AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:			Swimming Newsletter (must be 13 years of age or older)
SIGN HERE X SIGNATURE OF ATHLETE, PA	RENT OR GUARDIAN	DATE	REG. DATE/LSC USE ONLY