

SOUTHERN CALIFORNIA SWIMMING 2016 ATHLETE REGISTRATION

CLUB	Birth Date	
USE \	erified by_	

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMA	ATION:	
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) FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN	If not affiliated with a DIAN FIRST NAME MOTHER/GUARDIAN LAST NA	club, enter "Unattached" AME MOTHER/GUARDIAN FIRST NAME
PATHENGOARDIAN EAST NAME PATHENGOAR	MOTHER/GOARDIAN EAST NA	AME MOTHER/GUARDIAN FIRST NAME
MAILING AD	DECC	
WAILING AD	NE33	٦
		⊔ u.s. citizen: □ yes □ no
CITY	STATE ZIP CODE	7 ARE VOLLA MEMBER OF ANOTHER FINA
		ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	IF YES, WHICH FEDERATION:
		·
DISABILITY: RACE AND ETHNICITY (Yo	MAKE CHECK PAYABLE TO:	HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL
☐ A. Legally Blind or Visually Impaired check up to two choices): ☐ B. Deaf or Hard of Hearing ☐ Q. Black or African American	SOUTHERN CALIFORNIA SWIMMING	COMPETITION? YES NO
☐ C. Physical Disability such as ☐ R. Asian	MAIL APPLICATION & PAYMENT TO:	
amputation, cerebral palsy, dwarfism, spinal injury, S. White T. Hispanic or Latino	Southern California Swimming	2016 REGISTRATION FEE Sept. 1, 2015 through Dec. 31, 2016
mobility impairment U. American Indian & Alaska	Native PO Box 30530	USA Swimming Fee \$54.00
D. Cognitive Disability such as	Santa Barbara, CA 93130-0530	LSC Fee \$8.00
severe learning disorder, UK. Native Hawaiian & Other autism Islander	Email: office@socalswim.org 800-824-6206 • 805-682-0135	TOTAL DUE \$62.00
HIGH SCHOOL STUDENTS – Year of high school graduation:		
		Check if you would like to learn more about the USA
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFE	Swimming Foundation's initiatives	
CLUB CODE:LSC CODE:AND THE DATE OF YOUR E	Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)	
SIGN		Chanting Heraletter (must be 13 years of age of older)
HERE XSIGNATURE OF ATHLETE, PARENT OR 0	GUARDIAN DATE	