USA SWIMMING 2018 ATHLETE REGISTRATION APPLICATION

LSC: Central California Swimming

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME

PREFERRED NAME (Bill, Beth, Scooter, Liz, Bobby)	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
				MERC	SCOTT MCBRIDE

If not affiliated with a club, enter "Unattached"

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.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN: ☐ YES ☐ NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION: _____

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO

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 severe learning disorder, autism*

RACE AND ETHNICITY *(You may check up to two choices):*
- ☐ 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:

To Your Club

MAIL APPLICATION & PAYMENT TO:

To Your Club

9-1-17 TO 12-31-18 $77

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2014, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____.

USA Swimming occasionally makes its membership list available to its marketing partners. If you do not wish to receive these mailings, please notify USA Swimming's Member Services Dept. at membership@usaswimming.org.

- ☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives
- ☐ Check if you would like to receive the electronic USA Swimming Newsletter *(must be 13 years of age or older)*

SIGN HERE x _____ _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN — DATE

REG. DATE/LSC USE ONLY _____

PLEASE COMPLETE THIS FORM & RETURN IT TO YOUR SWIMMER'S COACH OR A BOARD MEMBER. REGISTRATION FEE WILL BE INVOICED BY SKIMMERS TO YOUR FAMILY ACCOUNT.