

NAME OF MEET/DATE(S)

2019 Eastern Zone Open Water Championship 6/29/2019

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

## 2019 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

LSC: Connecticut Swimming (CT)

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW
ZONE, SECTIONAL AND NATIONAL LEVELS.

REG. DATE/LSC USE ONLY

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION: MIDDLE NAME LAST NAME **LEGAL FIRST NAME** PREFERRED NAME DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE (Bill, Beth, Scooter, Liz, Bobby) **GUARDIAN #1 LAST NAME** /GUARDIAN #1 FIRST NAME **GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME** MAILING 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/HOUSEHOLD E-MAIL ADDRESS IF YES, WHICH FEDERATION: **OPTIONAL** MAKE CHECK PAYABLE TO: HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL RACE AND ETHNICITY (You may DISABILITY: Connecticut Swimming, Inc. ☐ A. Legally Blind or Visually Impaired ☐ B. Deaf or Hard of Hearing COMPETITION? ☐ YES ☐ NO check up to two choices): Q. Black or African American C. Physical Disability such as R. Asian MAIL APPLICATION & PAYMENT TO: amputation, cerebral palsy, ☐ S. White 2019 REGISTRATION FEE dwarfism, spinal injury, T. Hispanic or Latino Jen Lyman U. American Indian & Alaska Native USA Swimming Fee \$10.00 mobility impairment **4B Hamre Lane** ☐ D. Cognitive Disability such as ■ V. Some Other Race LSC Fee 2.00 W. Native Hawaiian & Other Pacific severe learning disorder, Branford, CT 06405 **TOTAL DUE** \$12.00 autism Islander HIGH SCHOOL STUDENTS - Year of high school graduation: \_ 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 YEAR LAST REGISTERED: \_ Swimming Newsletter (must be 13 years of age or older) SIGN **HERE** x

DATE