

2017 ATHLETE REGISTRATION APPLICATION LSC: FLORIDA GOLD COAST SWIMMING

PLEASE PRINT LEGIBLY LAST NAM	COMPLETE ALL INFORMATION: ME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME	DATE OF BIRTH (MO/DAY/)	(R) SEX (M/F) AGE CLUB CODE	NAME OF CLUB YOU REPRESENT
	M _I M _I D _I D _I Y _I	Y	
(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LAST	NAME PARENT/GUARDIAN #1 F		vith a club, enter "Unattached" IST NAME PARENT/GUARDIAN #2 FIRST NAME
	MAILING ADDRESS		
			U.S. CITIZEN: YES NO
CI	ITY ST	TATE 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:
		MAKE CHECK PAYABLE TO:	HAVE YOU REPRESENTED THAT
DISABILITY: ☐ A. Legally Blind or Visually Impaired	RACE AND ETHNICITY (You may check up to two choices):	Florida Gold Coast Swimming	FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO
☐ B. Deaf or Hard of Hearing ☐ C. Physical Disability such as	☐ Q. Black or African American☐ R. Asian	(ONLY Swim Club Check or Money Or	dor)
amputation, cerebral palsy,	S. White	ONLY Swill Club Check of Money Of	2017 REGISTRATION FEE
dwarfism, spinal injury, mobility impairment	☐ T. Hispanic or Latino☐ U. American Indian & Alaska Native	MAIL APPLICATION & PAYMENT TO:	Sept. 1, 2016 through Dec. 31, 2017
□ D. Cognitive Disability such as		Richard Cavanah	USA Swimming Fee \$56.00 LSC Fee \$14.00
severe learning disorder, autism		951 US Hwy #1	TOTAL DUE \$70.00
HIGH SCHOOL STUDENTS – Year of high	n school graduation:	North Palm Beach, FL 33408	<u>_</u>
YEAR LAST REGISTERED: . IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2015, ENTER THAT			☐ Check if you would like to learn more about the USA Swimming Foundation's initiatives
CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:			Check if you would like to receive the electronic USA
SIGN			Swimming Newsletter (must be 13 years of age or older)
HERE x			
SIGNATURE	E OF ATHLETE, PARENT OR GUARDIA	AN DATE	REG. DATE/LSC USE ONLY