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2019 ATHLETE REGISTRATION APPLICATION LSC: Indiana

PLEASE PRINT LEGIBLY ● COMPLETE ALL IN LAST NAME	NFORMATION: 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)	If not affiliat	ted with a club, enter "Unattached"
	ARDIAN #1 FIRST NAME GUARDIAN #2 LA	
MA	ILING ADDRESS	
		U.S. CITIZEN: YES NO
CITY	STATE ZIP CODE —	ARE YOU A MEMBER OF ANOTHER FINA
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRES:	FEDERATION? YES NO
7412110121101		IF YES, WHICH FEDERATION:
OPTIONAL	MAKE CHECK PAYABLE TO:	HAVE YOU REPRESENTED THAT
DISABILITY: RACE AND ETH ☐ A. Legally Blind or Visually Impaired check up to two choices.	NICITY (You may	FEDERATION AT INTERNATIONAL
□ B. Deaf or Hard of Hearing □ C. Physical Disability such as □ R. Asian		
amputation, cerebral palsy, S. White		2019 REGISTRATION FEE
dwarfism, spinal injury, T. Hispanic or La mobility impairment U. American Indi	an & Alaska Native 2015 Capitol Ave, Suite 410	Sept. 1, 2018 through Dec. 31, 201 USA Swimming Fee \$60.00
□ D. Cognitive Disability such as severe learning disorder, □ V. Some Other F □ W. Native Hawai		LSC Fee \$12.00
autism Islander		TOTAL DUE \$72.00°
a copy of the birth certificate and subsequently ndiana Swimming has confirmed the swimmer alf Indiana Swimming has your date of birth co	and Under to submit a COPY of their birth certificate to swim in meets, will be assessed a \$100 per meet fine is membership with date of birth confirmation, the swirnfiirmed from a previous year's membership, please en	for non-compliance/confirmation of age. Once mmer will NOT have to resubmit. If you are unsure mail Michele@inswimming.org.
Mom		Dad
	Home Phone	
	Work Phone	
	Cell Phone	
	E-Mail	
	Employer	
	Occupation	
TAST.	Athlete T-Shirt Size:	Date Received:
SMIMMINGTIGERS	Athlete Team Caps:	Date Received: