

SIGN HERE X

HIGH SCHOOL STUDENTS - Year of high school graduation:

REGISTRATION DATE

## 2011 ATHLETE REGISTRATION APPLICATION LSC: MARYLAND SWIMMING

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)

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:  LAST NAME LEGAL FIRST NAME  LEGAL FIRST NAME		MIDDLE NAME		
PREFERRED NA	ME DATE OF BIRTH SEX AGE CLUB CODE MO. DAY YR. (M-F)  IF UNATTACHED ENTER		CLUB YOU REPRESEN	Τ
FATHER/GUARDIAN LAST N			OTHER/GUARDIAN FIRS	T NAME
	MAILING ADDRESS			
	CITY ZIP CODE			
AREA CODE TEL	EPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS	U.S. CITIZEN' ARE YOU A M FEDERATION	MEMBER OF ANOTHER FINA	
DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing	RACE AND ETHNICITY (You may make up to two choices if appropriate):  Q. Black or African American	IF YES, WHIC	H FEDERATION:	
C. Physical Disability such as	R. Asian  MAIL APPLICATION & PAYMENT TO:		REGISTRATION FE	E
amputation, cerebral palsy, dwarfism, spinal injury,	☐ S. White ☐ T. Hispanic or Latino		USA Swimming Fee	\$47.00
mobility impairment	U. American Indian & Alaska Native		LSC Fee	23.00
D. Cognitive Disability such as	□ V. Some Other Race		200100	\$70.00

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN