			2011 ATHLETE REGISTRATION APPLICATION						
REG. DATE / OFFICE USE ONLY				LSC: Minnesota Swimming, Inc					
PLEASE PRINT LEG		ETE ALL INFORMAT							
			LEGAL	LEGAL FIRST NAME		MIDDLE NAME			
PREFERRED NAME DATE OF BIF						AME OF CLUB YOU REPRESENT			
					IN				
FATHER/GUARDIAN LAST NAME FATHER/G			JARDIAN FIRST NAME MOTHER/GUARDIAN L			MOTHER/GL	JARDIAN FIRST NA	AME	
MAILING ADDRESS									
	СІТҮ			STATE	ZIP CODE				
AREA CODE TELEPHONE NO.		IONE NO.	FAMILY/HOU	FAMILY/HOUSEHOLD E-MAIL ADDRESS U.S. CITIZEN?				C	
						ARE YOU A MEME	BER OF ANOTHER	FINA	
	<b></b>		MAKE CHECK	( PAYABLE TO:		FEDERATION?			
DISABILITY: A. Legally Blind or Visua B. Deaf or Hard of Heard	ally Impaired make u	E AND ETHNICITY (You ) p to two choices if appropriat Black or African American	may	Your SWIM CLUB (Or, if UN, to MSI)		IF YES, WHICH FEDERATION:			
C. Physical Disability su	ch as 🔲 R.	Asian	MAIL APPLIC	ATION & PAYMENT TO:					
		White Hispanic or Latino		Your SWIM CLUB Or, if Unattached t		F	<b>REGISTRATION F</b>	FEE	
mobility impairment		American Indian & Alaska N	lative	Minnesota Swimming, Inc.		USAS	Swimming Fee	\$47.00	
D. Cognitive Disability se		Some Other Race	••••••	1001 Highway #7 Hopkins, MN 55305		LSC F	ee	8.00	
mental retardation, se learning disorder, aut		Native Hawaiian & Other Pa Islander		Inquiries: Email: <u>cshapley@mnswim.or</u> 952.988.4184		TOT/	AL DUE	<mark>\$55.00</mark>	
YEAR LAST REGISTER	<u>ED:</u> _ CLU	B: Date	of last meet competing w	ith that club?			ts membership list available		
IF YOU WERE REGISTE TRANSFER FORM. Retu			CLUB IN 2010, YOU MUS	T ALSO COMPLETE A	at 719/866	-4578 if you do not wish to	the electronic USA Swimm	,	

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High School Students – Year of high school graduation: \_

Check if you would like to learn more about USA Swimming's community initiatives