



PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME 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 affiliated with a club, enter "Unattached"

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

DISABILITY:

- A. Legally Blind or Visually Impaired
B. Deaf or Hard of Hearing
C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment
D. Cognitive Disability such as severe learning disorder, autism

RACE AND ETHNICITY (You may check up to two choices):

- Q. Black or African American
R. Asian
S. White
T. Hispanic or Latino
U. American Indian & Alaska Native
V. Some Other Race
W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

Metropolitan Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

99 Sheep Pasture Rd.
Port Jefferson, NY 11777

Table with 2 columns: Fee Name, Amount. Includes 2015 Outreach Fee, USA Swimming Fee (\$5.00), LSC Fee (\$0.00), and Total Due (\$5.00).

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TO THIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

HIGH SCHOOL STUDENTS - Year of high school graduation:

YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2014, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:

- 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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY

Credit Card information:

Name on Credit Card: Type of Card V MC AMEX DIS

Credit Card Number: Expiration Date: Code