

REG. DATE/LSC USE ONLY _____

2022 PREMIUM ATHLETE REGISTRATION APPLICATION LSC: PACIFIC NORTHWEST (PN)

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEG	MIDDLE NAME				
PREFERRED NAME DATE OF		LETH (MM/DDY/YY) SEX (M/F) AGE CLUB CODE		NAME OF CLUB YOU REPRESENT			
(Bill Both Cooper Lie Bohby)				If you officiate d	المام والمام والمام		- 4833
(Bill, Beth, Scooter, Liz, Bobby) NOTE: If you are 18 years of age or older, you are required to			e Minor Athlete Abus	If not affiliated with a club, enter "Unattached"			
n good standing you must com							uer to be a membe
GUARDIAN #1 LAST NAME	GUARDIAN	#1 FIRST NAME	GUARDIAN	#2 LAST NAME	GI	UARDIAN #2	FIRST NAME
	MAILING A	DDRESS	J L		 -		
CITY		STATE ZIP CODE —					
AREA CODE TELEPHONE NO.		FAMILY/H	OUSEHOLD EMAIL ADD	RESS MEMBER'S EMAIL ADDRESS			RESS
OPTION 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	HAVE YOU REPRESENT: FEDERATION AT INTERN COMPETITION? YES NAL RACE AND ETHNICITY (check up to two choices): Q. Black or African America R. Asian S. White T. Hispanic or Latino U. American Indian & Alask V. Some Other Race W. Native Hawaiian & Othe Islander	ED THAT NATIONAL NO You may a Native					
MAKE CHECK PAYABLE TO: PACIFIC NORTHWEST SWIMMING IGH SCHOOL STUDENTS – Year of high sc EAR LAST REGISTERED: IF YO LUB CODE: LSC CODE:	P.O. BO) AUBURN hool graduation: UREGISTERED WITH A DIFF	I, WA 98071	.UB IN 2021, ENTER THAT		Swimming Fou	undation's initiativould like to recei	n more about the USA ves ive the electronic USA e 13 years of age or older)
IGN IERE x	- A-111	OUADE::::					
SIGNATURE O	F ATHLETE, PARENT OR	GUARDIAN	DATE				