

## 2012 ATHLETE REGISTRATION APPLICATION LSC: SE

PLEASE PRINT LEGIBLY ● COMPLETE ALI	INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME DATE OF BIRT	H (MO./DAY/YR.) SEX (M/F) AGE CLUB CODE	NAME OF CLUB YOU REPRESENT
FATHER/GUARDIAN LAST NAME FATHER/GUA	RDIAN FIRST NAME IF UNATTACHED ENTER UN MOTHER/GUARDIAN LAS	ST NAME MOTHER/GUARDIAN FIRST NAME
MAILING A	DDRESS	
		U.S. CITIZEN: YES NO
CITY	STATE   ZIP CODE	ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	IF YES, WHICH FEDERATION:
DISABILITY:  ☐ A. Legally Blind or Visually Impaired ☐ B. Deaf or Hard of Hearing ☐ Q. Black or African American	priate): Local club or Southeastern Swim	HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO
□ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury.       □ R. Asian         □ S. White       □ T. Hispanic or Latino	MAIL APPLICATION & PAYMENT TO:  Local Club or	REGISTRATION FEE
dwarfism, spinal injury, mobility impairment  □ D. Cognitive Disability such as □ V. Some Other Race	ka Native SE Swimming 327 East Longleaf Dr	USA Swimming Fee \$48.00 LSC Fee 10.00
severe learning disorder, W. Native Hawaiian & Oth autism Islander	er Pacific Auburn, Al 36832	TOTAL DUE \$58.00
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIF	FERENT USA SWIMMING CLUB IN 2011, ENTER THAT	USA Swimming occasionally makes its membership list available to its
CLUB CODE: LSC CODE:AND THE DATE OF YOU	R LAST COMPETITION REPRESENTING THAT CLUB:	marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.
HIGH SCHOOL STUDENTS – Year of high school graduation: SIGN	<u> </u>	Check if you would like to learn more about the USA Swimming Foundation's initiatives
HERE XSIGNATURE OF ATHLETE, PARENT OI	R GUARDIAN	Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)