SWIMMING	USA	SWIMMING
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NAME OF MEET/DATE(S)

## 2023 SINGLE-MEET OPEN WATER ATHLETE APPLICATION FLORIDA GOLD COAST SWIMMING

THIS MEMBERSHIP	IS ONL	Y FOR	MEETS	BEL	OW
ZONE. SECTIONAL	AND NA	TIONA	L LEVE	LS.	


		ONE, SECTIONAL AND NATIONAL LEVELS.
PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMA	ATION:	
LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
(Bill, Beth, Scooter, Liz, Bobby)	H (MO/DAY/YR) SEX (M/F) AGE    Y   Y	NAME GUARDIAN #2 FIRST NAME
MAILING AD	DDRESS	
		U.S. CITIZEN: ☐ YES ☐ NO
CITY	STATE ZIP CODE	
		ARE YOU A MEMBER OF ANOTHER FINA
AREA CODE TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	FEDERATION?   YES   NO  IF YES, WHICH FEDERATION:
OPTIONAL DISABILITY: RACE AND ETHNICITY (Y  A. Legally Blind or Visually Impaired check up to two choices):	Florida Gold Coast Swimming	
□ B. Deaf or Hard of Hearing       □ Q. Black or African American         □ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment       □ R. Asian         □ T. Hispanic or Latino       □ T. Hispanic or Latino         □ D. Cognitive Disability such as       □ V. Some Other Race         □ V. Some Other Race       □ V. Some Other Race	MAIL APPLICATION & PAYMENT TO: Richard Cavanah 951 US Hwy #1	2023 REGISTRATION FEE USA Swimming Fee \$10.00 LSC Fee \$5.00 TOTAL DUE \$15.00
severe learning disorder,	North Palm Beach, FL 33408	
YEAR LAST REGISTERED:SIGN		☐ 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)
HERE XSIGNATURE OF ATHLETE, PARENT OR	GUARDIAN DATE	REG. DATE/LSC USE ONLY