

2022 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: Montana Swimming

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME		LEGAL	FIRST NAME		MIDDLE NAME	
PREFERRED NAME	DATE OF RIR	TH (MM/DD/YY) SEX (M/E)	AGE _ CLUB CODE _	NAME O	E CLUB YOU REPRESENT	
(Bill, Beth, Scooter, Liz, Bobby)				If not affiliated with a club, enter "Unattached"		
NOTE: If you are 18 years of ag in good standing you must cor					In addition, in order to be a member <u>rimming.org/apt</u>	
GUARDIAN #1 LAST NAME GUARDIA		N #1 FIRST NAME GUARDIAN #2 L		LAST NAME	GUARDIAN #2 FIRST NAME	
	MAILING A	ADDRESS				
CITY		STATE ZIP CODE —				
AREA CODE	TELEPHONE NO.	FAMILY/HOU	SEHOLD EMAIL ADDRE	SS MF	MBER'S EMAIL ADDRESS	
	ARE YOU A MEMBER OF	L				
U.S. CITIZEN: YES NO	FEDERATION? YES	□ NO				
	IF YES, WHICH FEDERA	TION:				
	HAVE YOU REPRESENT					
	COMPETITION? - YES					
OPTIO	ΝΔΙ					
DISABILITY:	RACE AND ETHNICITY ((You may				
A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing	check up to two choices): Q. Black or African American					
C. Physical Disability such as	R. Asian S. White					
amputation, cerebral palsy, dwarfism, spinal injury,	Vinite T. Hispanic or Latino					
mobility impairment	U. American Indian & Alaska N	Native				
D. Cognitive Disability such as severe learning disorder, autiem V. Some Other Race W. Native Hawaiian & Other lelander		Pacific		2022	REGISTRATION FEE	
		dollo		Septembe	r 1, 2021 through December 31, 2022	
MAKE CHECK PAYABLE TO:	MAIL A	APPLICATION & PAYMENT TO):	USA Swimming Fee	+ LSC Fee = TOTAL DUE	
Billings Family YMCA		tana Swimming		\$5.00	+ \$2.00 = \$7.00	
Dinings running rimora		hanie Boysen				
		Box 5208				
		na, MT 59604-5208				
ADDDADD	ATE DA DEDIMODICO		IFICATIONS FOR	T O	NU DECICEDATION	
		SHOWING LSC QUAL THIS FORM IN ORD				
WOULDON OTHER TO A COMMISSION OF THE COMMISSION						
HIGH SCHOOL STUDENTS – Year of high s Year last registered: If \	-	ERENT USA SWIMMING CLUB	N 2021, FNTER THAT	Che	ck if you would like to learn more about the USA nming Foundation's initiatives	
CLUB CODE: LSC CODE:				Che	ck if you would like to receive the electronic USA mming Newsletter (must be 13 years of age or older)	

DATE

REG. DATE/LSC USE ONLY _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

SIGN HERE X