



USA SWIMMING

2012 ATHLETE REGISTRATION APPLICATION LSC: FLORIDA SWIMMING, INC.

REG. DATE / OFFICE USE ONLY

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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 |
| | | | | | |

| | | | |
|---------------------------|----------------------------|---|----------------------------|
| FATHER/GUARDIAN LAST NAME | FATHER/GUARDIAN FIRST NAME | IF UNATTACHED ENTER UN MOTHER/GUARDIAN LAST NAME | MOTHER/GUARDIAN FIRST NAME |
| | | | |

MAILING ADDRESS

| |
|--|
| |
|--|

| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
| | | |

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

- 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 make up to two choices if appropriate):
- 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:

FLORIDA SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

Florida Swimming, Inc.
214 W. Washington St., Suite B
Minneola, FL 34715
Email: FLSOffice2@aol.com
352-242-5145

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

| REGISTRATION FEE | |
|------------------|----------------|
| USA Swimming Fee | \$48.00 |
| LSC Fee | 10.00 |
| TOTAL DUE | \$58/00 |

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, ENTER THAT CLUB CODE: _____ LSC CODE: _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: _____

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

SIGN
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

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)