



# USA SWIMMING

## 2007 ATHLETE REGISTRATION APPLICATION LSC: SOUTHEASTERN SWIMMING, INC

REG. DATE / OFFICE USE ONLY

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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
				P   A   C   K	Pilot Aquatic Club-Knoxville

FATHER'S LAST NAME	FATHER'S FIRST NAME	MOTHER'S LAST NAME	MOTHER'S FIRST NAME

MAILING ADDRESS

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CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION:

- 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 mental retardation, severe learning disorder, autism

- ETHNICITY** (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):
- Q. African American
  - R. Asian or Pacific Islander
  - S. Caucasian
  - T. Hispanic
  - U. Native American
  - V. Other

REGISTRATION FEE	
USA Swimming Fee	\$43.00
LSC Fee	7.00
<b>TOTAL DUE</b>	<b>\$50.00</b>

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE \_\_\_\_\_ LSC CODE \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB \_\_\_\_/\_\_\_\_/\_\_\_\_.

*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.*

SIGN HERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND