



USA SWIMMING
LSC: SIERRA NEVADA

2009-2010 ATHLETE REGISTRATION APPLICATION
THIS CARD WILL BE VALID UNTIL 12-31-10

REGISTRATION 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 _____ SEX _____ AGE _____ CLUB CODE _____ NAME OF CLUB YOU REPRESENT _____
 MO. DAY YR. M-F

IF UNATTACHED ENTER UN

FATHER/GUARDIAN LAST NAME _____ FATHER/GUARDIAN FIRST NAME _____ MOTHER/GUARDIAN LAST NAME _____ MOTHER/GUARDIAN FIRST NAME _____

MAILING ADDRESS _____

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
- 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

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT

CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ____/____/____.

SIGN HERE X _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

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.