



USA SWIMMING

**2011 SEASONAL ATHLETE REGISTRATION APPLICATION
LSC: FLORIDA SWIMMING, INC.**

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1 SEASON 2 INDIVIDUAL SEASON

REG. DATE / OFFICE USE ONLY

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**THIS MEMBERSHIP IS ONLY FOR MEETS BELOW
ZONE, SECTIONAL AND NATIONAL LEVELS.**

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION: (1ST YEAR REGISTERED ATHLETES MUST SUBMIT PROOF OF BIRTH DATE.)

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

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

| | | | |
|-----------|---------------|---------------------------------|--|
| AREA CODE | TELEPHONE NO. | FAMILY/HOUSEHOLD E-MAIL ADDRESS | U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | |

- 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

MAKE CHECK PAYABLE TO:

FLORIDA SWIMMING, Inc.

MAIL APPLICATION & PAYMENT TO:

**Florida Swimming, Inc.
214 E. Washington Street, Suite B
Minneola, Florida 34715
FLSO ffile2@aol.com
(O) 352-242-5145 (F) 352-242-5245**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION: _____

| REGISTRATION FEE | |
|------------------|----------------|
| USA Swimming Fee | \$27.00 |
| LSC Fee | 7.50 |
| TOTAL DUE | \$34.50 |

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, 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)