



USA SWIMMING

2007 ATHLETE REGISTRATION APPLICATION
LSC: FLORIDA SWIMMING, INC.

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME, LEGAL FIRST NAME, MIDDLE NAME fields

PREFERRED NAME, DATE OF BIRTH, SEX, AGE, CLUB CODE, NAME OF CLUB YOU REPRESENT fields

FATHER'S LAST NAME, FATHER'S FIRST NAME, MOTHER'S LAST NAME, MOTHER'S FIRST NAME fields

MAILING ADDRESS field

CITY, STATE, ZIP CODE fields

AREA CODE, TELEPHONE NO. fields

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, D. Cognitive Disability

- ETHNICITY: Q. African American, R. Asian or Pacific Islander, S. Caucasian, T. Hispanic, U. Native American, V. Other

MAKE CHECK PAYABLE TO:

FLORIDA SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO: FLORIDA SWIMMING, INC.

297 E. HWY. 50, SUITE 3 CLERMONT, FL 34711 352-242-5145 (O) 352-242-5245 (F) FLSOffice2@aol.com

(Birth Certificate required 1st year registration)

REGISTRATION FEE table with USA Swimming Fee \$43.00, LSC Fee 10.00, TOTAL DUE \$53.00

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.

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

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



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