



USA SWIMMING

2009 ATHLETE REGISTRATION APPLICATION
LSC: PACIFIC SWIMMING (PC)

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 MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO. U.S. CITIZEN? [ ] YES [ ] 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:

PACIFIC SWIMMING
MAIL APPLICATION & PAYMENT TO:
PACIFIC SWIMMING REGISTRATION
1034 WOODSTOCK COURT
WALNUT CREEK, CA 94598

EMAIL: judy4pc@pacbell.net
925-933-0395

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? [ ] YES [ ] NO

IF YES, WHICH FEDERATION:

REGISTRATION FEE \$55.00

YEAR LAST REGISTERED \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, 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

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 USA SWIMMING'S COMMUNITY INITIATIVES



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