



USA SWIMMING

LSC - PACIFIC SWIMMING

2009 SUMMER SEASON ATHLETE REGISTRATION APPLICATION

(Valid from April 11, 2009 to September 7, 2009)

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

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 \$33.00

YEAR LAST REGISTERED

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



USA SWIMMING

LSC - PACIFIC SWIMMING

2009 SUMMER SEASON ATHLETE REGISTRATION APPLICATION

(Valid from April 11, 2009 to September 7, 2009)

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

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 \$33.00

YEAR LAST REGISTERED

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