



2011 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. FAMILY/HOUSEHOLD E-MAIL ADDRESS U.S. CITIZEN? ARE YOU A MEMBER OF ANOTHER FINA 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

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 fax: 925-935-5528

REGISTRATION FEE \$60.00

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)

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This 2011 form is valid from September 1, 2010 to December 31, 2011