



USA SWIMMING

2008 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: Florida Swimming, Inc. (April 1 to August 28)

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1 (April 1 to August 28)

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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 fields

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

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN 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 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:

Club Team Name – Club send one check!

MAIL APPLICATION & PAYMENT TO:

Florida Swimming, Inc. 297 E. Hwy. 50, Suite 3 Clermont, FL 34711 Email: FLSoOffice2@aol.com 352/242-5145

REGISTRATION FEE table: USA Swimming Fee \$24.00, LSC Fee 7.50, TOTAL DUE \$31.50

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

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES



USA SWIMMING

2008 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: Florida Swimming, Inc. (April 1 to August 28)

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1 (April 1 to August 28)

REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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 fields

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

FATHER/GUARDIAN LAST NAME, FATHER/GUARDIAN FIRST NAME, MOTHER/GUARDIAN LAST NAME, MOTHER/GUARDIAN 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 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:

Club Team Name – Club send one check!

MAIL APPLICATIONS & PAYMENT

Florida Swimming, Inc. 297 E. Hwy. 50, Suite 3 Clermont, FL 34711 Email: FLSoOffice2@aol.com 352/242-5145

REGISTRATION FEE table: USA Swimming Fee \$24.00, LSC Fee 7.50, TOTAL DUE \$31.50

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

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES