



USA SWIMMING

2010 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? [] 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 \$60.00

YEAR LAST REGISTERED: _____ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, 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
[] Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)



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