USA SWIMMING

2009 SINGLE-MEET OPEN WATER ATHLETE APPLICATION

LSC: Metropolitan Swimming Inc.

REG DATE / OFF USE ONLY | NAME OF MEET/DATE(S)

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**

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
- ☐ V. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

Metropolitan Swimming
19 Mt. Rainier Avenue
Farmingville, New York 11738

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ **YES** ☐ **NO**

IF YES, WHICH FEDERATION: _____

REGISTRATION FEE	
USA Swimming Fee	$10.00
LSC Fee	$10.00

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