



NAME OF MEET/DATE(S)

[Empty box for meet name]

LSC: Metropolitan Swimming, Inc.

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

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME

[Empty box for last name]

LEGAL FIRST NAME

[Empty box for legal first name]

MIDDLE NAME

[Empty box for middle name]

PREFERRED NAME

[Empty box for preferred name]

DATE OF BIRTH (MO/DAY/YR)

[Empty boxes for date of birth]

SEX (M/F)

[Empty box for sex]

AGE

[Empty box for age]

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME

[Empty box for guardian #1 last name]

/GUARDIAN #1 FIRST NAME

[Empty box for guardian #1 first name]

GUARDIAN #2 LAST NAME

[Empty box for guardian #2 last name]

GUARDIAN #2 FIRST NAME

[Empty box for guardian #2 first name]

MAILING ADDRESS

[Empty box for mailing address]

CITY

[Empty box for city]

STATE

[Empty box for state]

ZIP CODE

[Empty box for zip code]

AREA CODE

[Empty box for area code]

TELEPHONE NO.

[Empty box for telephone number]

FAMILY/HOUSEHOLD E-MAIL ADDRESS

[Empty box for email address]

U.S. CITIZEN: YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

OPTIONAL

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 severe learning disorder, autism

RACE AND ETHNICITY (You may

check up to two choices):

- O. 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:

Metropolitan Swimming

MAIL APPLICATION & PAYMENT TO:

Metropolitan Swimming, Inc. 99 Sheep Pasture Road Port Jefferson, NY 11777

2017 REGISTRATION FEE

USA Swimming Fee	\$10.00
LSC Fee	\$12.00
TOTAL DUE	\$22.00

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____

SIGN HERE x _____ SIGNATURE OF ATHLETE, PARENT OR GUARDIAN _____ DATE _____

- 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)

REG. DATE/LSC USE ONLY _____