



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 _____

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

GUARDIAN #1 LAST NAME _____ GUARDIAN #1 FIRST NAME _____ GUARDIAN #2 LAST NAME _____ GUARDIAN #2 FIRST NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE _____ TELEPHONE NO. _____ FAMILY/HOUSEHOLD E-MAIL ADDRESS _____

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):

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:
Metropolitan Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:
99 Sheep Pasture Road
Port Jefferson, NY 11777

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

2018 REGISTRATION FEE	
Sept. 1, 2017 through Dec. 31, 2018	
USA Swimming Fee	\$58.00
LSC Fee	\$12.00
TOTAL DUE	\$70.00

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

Have you ever been registered with a USA Swimming Club in the past? Yes No

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2017, 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 _____ DATE _____

REG. DATE/LSC USE ONLY _____

- 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)

Credit Card information: Please print Clearly

Name on Credit Card _____

Type of Card V MC AMEX D

Credit Card Number _____

Expiration Date _____ Code _____