

2019 FLEX ATHLETE REGISTRATION APPLICATION LSC: Metropolitan Swimming, Inc.

There is a two sanctioned meet limit on this membership

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

PLEASE PRINT LEG	ATION: LEGAL FIRST NAME				MIDDLE NAME		
]
PREFERRED NAME		DATE OF BIRT	H (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
(Bill, Beth, Scooter, Liz,	Pohby)					If not affiliated	with a club, enter "Unattached"
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GUARDIAN #1 LAST NAME GUARDIA			I#I FIRSI NA	AIVIE		GUARDIAN #2 LAST	NAME GUARDIAN #2 FIRST NAME
		MAILING A	DDRESS		<u> </u>		
		MAILING	DDICEOU				
	STAT	STATE ZIP CODE			U.S. CITIZEN: YES NO		
					ARE YOU A MEMBER OF ANOTHER FINA		
AREA CODE TELEPH		IONE NO. FA		FAMILY/HC	AMILY/HOUSEHOLD E-MAIL ADDRESS		FEDERATION? YES NO
							IF YES, WHICH FEDERATION:
OPTIONAL DISABILITY: A. Legally Blind or Visually Impaired check up to two choices): B. Deaf or Hard of Hearing check up to two choices): C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment check up to the check up to two choices): D. Cognitive Disability such as severe learning disorder, autism HIGH SCHOOL STUDENTS – Year of high school graduation: YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:							HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION?
Credit Car Name on C	Credit Ca	ation: P	lease	print	Cle	early	REG. DATE/LSC USE ONLY
Credit Car	d Numbe	er					
Expiration					cod	e	