

2012 ATHLETE REGISTRATION APPLICATION LSC: Connecticut (CT)

Swimming Newsletter (must be 13 years of age or older)

L PLEASE PRINT LEGI	BLY • COMPL	 ETE ALL INFORM <i>A</i>	ATION:					
<u>L</u>	AST 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	I LAST NAME	FATHER/GUARD	DIAN FIRST NAME	IF UNATTACHED ENTER UN MOTHER/GUARDIAN LA	AST NAME N	OTHER/GUARDIAN FIRST	NAME	
		MAILING ADD	DRESS					
CITY STATE ZIP CODE						U.S. CITIZEN: YES NO		
					ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO			
AREA CODE	TELEP	PHONE NO. FAMILY/HOUSEHOLD E-MAIL ADDRESS			IF YES, WHICH FEDERATION:			
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 make up to two choices if appropriate) □ Q. Black or African American □ R. Asian □ R. Asian □ S. White □ J. Hispanic or Latino □ V. Some Other Race □ V. Some Other Race □ W. Native Hawaiian & Other Pacific □ Islander				to two choices if appropriate):	FEDE	YOU REPRESENTED TRATION AT INTERNATION: ETITION? YES REGISTRATION USA Swimming Fee LSC Fee TOTAL DUE Outreach Fee Total MAKE CHECK PAYAB	FEES \$48.00 \$11.00 \$7.00	
						Connecticut Swimm		
	CODE:AI	ND THE DATE OF YOU	R LAST COMPETITION R	G CLUB IN 2011, ENTER THAT EPRESENTING THAT CLUB:		MAIL APPLICATION & PAY Judy Snow snowjjo		
GN ERE x					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 o			
	NATURE OF ATH	ILETE, PARENT OR G	GUARDIAN		not wish to receive Check if you w Swimming Fo		he USA	