



USA SWIMMING

2017 ATHLETE REGISTRATION APPLICATION

FIRST TIME APPS: MUST bring ORIGINAL Birth Cert or Passport

LSC: San Diego-Imperial Swimming

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

San Diego-Imperial All Sports Assoc.

MAIL APPLICATION & PAYMENT TO:

Deanna Rupp
3511 Camino Del Rio S, Suite 405
San Diego, CA 92108
Email: office@si-swimming.org
619-275-1292 HRS:M-F 10:30A-2:30P
www.si-swimming.com

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

2017 REGISTRATION FEE	
Sept. 1, 2016 through Dec. 31, 2017	
USA Swimming Fee	\$56.00
LSC Fee	\$10.00
TOTAL DUE	\$66.00
CASH or CHECK only	

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, 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

- 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 _____