



# USA SWIMMING

# 2011 ATHLETE REGISTRATION APPLICATION LSC: Kentucky Swimming

REG. DATE / OFFICE USE ONLY

|  |  |  |  |  |  |  |  |
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|--|--|--|--|--|--|--|--|

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 |
|                |                             |           |     |           |                            |

|                           |                            |   |                            |
|---------------------------|----------------------------|---|----------------------------|
| FATHER/GUARDIAN LAST NAME | FATHER/GUARDIAN FIRST NAME | IF UNATTACHED ENTER UN<br>MOTHER/GUARDIAN LAST NAME | MOTHER/GUARDIAN FIRST NAME |
|                           |                            |   |                            |

MAILING ADDRESS

|      |       |          |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
|      |       |          |

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

U.S. CITIZEN?  YES  NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

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 mental retardation, severe learning disorder, autism

**RACE AND ETHNICITY** (You may make up to two choices if appropriate):

- 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:**

**Kentucky Swimming**  
**MAIL APPLICATION & PAYMENT TO:**  
**Kentucky Swimming**  
**2880 Fords Mill Road**  
**Versailles, KY 40383**

| REGISTRATION FEE |                |
|------------------|----------------|
| USA Swimming Fee | \$47.00        |
| LSC Fee          | \$22.00        |
| <b>TOTAL DUE</b> | <b>\$69.00</b> |

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2010, ENTER THAT CLUB CODE: \_\_\_\_\_ LSC CODE: \_\_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_\_.

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

**SIGN**  
HERE x \_\_\_\_\_  
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

*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 do not wish to receive these mailings.*

- 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)