



USA SWIMMING

2012 ATHLETE REGISTRATION APPLICATION LSC: ILLINOIS SWIMMING

REG. DATE / OFFICE USE ONLY

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

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 |
| | | | | L E A N | LEANING TOWER YMCA SHARKS |

| | | | |
|---------------------------|----------------------------|---------------------------|----------------------------|
| FATHER/GUARDIAN LAST NAME | FATHER/GUARDIAN FIRST NAME | MOTHER/GUARDIAN LAST NAME | MOTHER/GUARDIAN FIRST NAME |
| | | | |

MAILING ADDRESS

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

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

- 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
 - 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:

ILLINOIS SWIMMING

MAIL APPLICATION & PAYMENT TO:

**Illinois Swimming
1400 E Touhy Ave
Suite 245
Des Plaines, IL 60018**

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

| REGISTRATION FEE | |
|------------------|----------------|
| USA Swimming Fee | \$48.00 |
| LSC Fee | 12.00 |
| TOTAL DUE | \$60.00 |

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2011, 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)