USA SWIMMING 2011 ATHLETE REGISTRATION APPLICATION

LSC: GEORGIA SWIMMING (GA)

PLEASE PRINT LEGIBLY – COMPLETE ALL INFORMATION:

LAST NAME | **LEGAL FIRST NAME** | **MIDDLE NAME**

PREFERRED NAME | **DATE OF BIRTH (**MM/DD/YY) **SEX (**M/F) | **AGE**

CLUB CODE | **NAME OF CLUB YOU REPRESENT**

(IF UNATTACHED ENTER UN)

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

MAILING ADDRESS

CITY | **STATE** | **ZIP CODE**

HOME PHONE NUMBER | **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 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

U.S.CITIZEN ☐ **YES** ☐ **NO**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ **YES** ☐ **NO**

IF YES, WHICH FEDERATION:

YEAR LAST REGISTERED: **IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB PREVIOUSLY**

ENTER THAT CLUB CODE: **CLUB NAME:** **LSC CODE:**

AND THE DATE OF YOUR LAST COMPETITION REPRESENTINGTHAT CLUB:

HIGH SCHOOL STUDENTS – YEAR OF HIGH SCHOOL GRADUATION: **(**Enter 4 digit year)

SIGN HERE:

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 USA Swimming's community initiatives**

☐ **Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)**

MAKE CHECK PAYABLE TO:

GEORGIA SWIMMING

MAIL CHECKS TO:

CLAUDE RHEN
1899 TRUMBULL DR
ATLANTA, GA 30338
770-394-9776
Claude_rhen@bellsouth.net

2011 REGISTRATION FEE			
	USAS +	**GA**	**= TOTAL**
☐ **Full Year**	**$47.00 +**	**$18.00**	**= $65.00**
☐ **Seasonal**	**$27.00 +**	**$10.00**	**= $37.00**
☐ **Season 1**	**October 15, 2010 – March 13, 2011**		
☐ **Season 2**	**March 14, 2011 – August 10, 2011**		