

## 2016 SEASONAL ATHLETE REGISTRATION APPLICATION

**LSC: HAWAIIAN SWIMMING** 

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW ZONE, SECTIONAL AND NATIONAL LEVELS.

REG. DATE/LSC USE ONLY \_\_\_\_\_

CHECK APPROPRIATE SEASONAL PERIOD:
☐ SEASON 1 ☐ SEASON 2 ☐ INDIVIDUAL SEASON

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATIONLAST NAME				l: LEGAL FIRST NAME				MIDDLE NAME			
PREFERRED NAME DATE OF BIR		DATE OF BIRTI	FH (MO/DAY/YR) SEX (M/F) AGE CLUB CODE				NAME C	NAME OF CLUB YOU REPRESENT			
(Bill, Beth, Scooter, Liz, Bobby) PARENT/GUARDIAN #1 LAST NAME PARENT/GUA		PARENT/GUARD	If not affiliated with a DIAN #1 FIRST NAME PARENT/GUARDIAN #2 LAST					club, enter "Unattached" NAME PARENT/GUARDIAN #2 FIRST NAME			
MAILING ADDRESS											
							U.S	S. CITIZEN:	YES N	0	
CITY			STA	STATE ZIP CODE							
								ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO			
AREA CODE TELEPHONE NO.				FAMILY/HOUSEHOLD E-MAIL ADDRESS				7 IF YES, WHICH FEDERATION:			
OPTIONAL				MAKE CHECK PAYABLE TO:				HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL			
DISABILITY: RACE AND ETHNICITY (You may check up to two choices):			´	Athletes to Your Local Club				COMPETITION? YES NO			
□ B. Deaf or Hard of Hearing       □ Q. Black or African American         □ C. Physical Disability such as       □ R. Asian				Clubs to Hawaiian Swimming MAIL APPLICATION & PAYMENT TO:							
amputation, cerebral palsy, S. White dwarfism, spinal injury, T. Hispanic or Latino			HAWAIIAN SWIMMING					201	16 REGISTRAT	ION FEE	
mobility impairment			ka Native c/o Gwenn Tomiyoshi						Swimming Fee	\$30.00	
□ D. Cognitive Disability such as severe learning disorder, □ V. Some Other Race □ W. Native Hawaiian & Other			Pacific 171 G. Ainaola Dr					LSC F	ee AL DUE	\$ 5.00 <b>\$35.00</b>	
autism		Islander		Hilo, HI 96	5/20			1017		Ψ <b>00.00</b>	
HIGH SCHOOL STUDENTS – Y	ear of high school gra	aduation:					□ Cho	eck if you would l	ike to learn more abou	ut the USA	
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2015, ENTER THAT							Sw	imming Foundation	on's initiatives		
CLUB CODE: LSC CODE:AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:									ike to receive the electer (must be 13 years of		
SIGN HERE Y											

DATE