

SIGN

HERE x

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

## **2012 ATHLETE REGISTRATION APPLICATION** LSC: New Mexico Swimming

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

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:		•
LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME DATE OF BIRTH (MO./DAY/YR.) S	EX (M/F) AGE CLUB CODE NAME O	CLUB YOU REPRESENT
FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NA	IF UNATTACHED ENTER UN  MOTHER/GUARDIAN LAST NAME	MOTHER/GUARDIAN FIRST NAME
MAILING ADDRESS		
	U.S	. CITIZEN: YES NO
CITY STATE	ZIP CODE	
		EYOU A MEMBER OF ANOTHER FINA DERATION? YES NO
AREA CODE TELEPHONE NO. FAM		ES, WHICH FEDERATION:
		•
ACE AND ETHNICITY (YOU May	KE CHECK PAYABLE TO:	/E YOU REPRESENTED THAT DERATION AT INTERNATIONAL
☐ A. Legally Blind or Visually Impaired make up to two choices if appropriate): ☐ B. Deaf or Hard of Hearing ☐ Q. Black or African American	ur Club CO	MPETITION?   YES   NO
	IL APPLICATION & PAYMENT TO:	
amputation, cerebral palsy, ☐ S. White Yo dwarfism, spinal injury, ☐ T. Hispanic or Latino	ur Club	REGISTRATION FEE
mobility impairment U. American Indian & Alaska Native	estions: kabeau@comcast.net	USA Swimming Fee \$48.00
□ D. Cognitive Disability such as severe learning disorder, □ W. Native Hawaiian & Other Pacific Qu	505-573-5724	LSC Fee \$10.00
autism Islander	303-373-3724	TOTAL DUE \$58.00
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMI	MING CLUB IN 2011, ENTER THAT USA Swimming of	ccasionally makes its membership list available to its
CLUB CODE:LSC CODE:AND THE DATE OF YOUR LAST COMPETITION	ON REPRESENTING THAT CLUB: marketing partne	rs. Please notify USA Swimming's Member Services Dept. if you do not wish to receive these mailings.
HIGH SCHOOL STUDENTS – Year of high school graduation:		would like to learn more about the USA Swimming