



**USA SWIMMING**

**2007 IND SEASONAL ATHLETE REGISTRATION APPLICATION**

**LSC: IOWA**

REG. DATE / OFFICE USE ONLY

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CHECK APPROPRIATE SEASONAL PERIOD:  
**Individual Seasonal –**

**150 days from date of registration**

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

**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'S LAST NAME	FATHER'S FIRST NAME	IF UNATTACHED ENTER UN		MOTHER'S LAST NAME	MOTHER'S FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

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

**ETHNICITY** (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):

- Q. African American
- R. Asian or Pacific Islander
- S. Caucasian
- T. Hispanic
- U. Native American
- V. Other

**MAKE CHECK PAYABLE TO:**

*Your club or If Unattached - ISI*

**MAIL APPLICATION & PAYMENT TO:**

*Your club or if Unattached – Iowa Swimming, Inc.  
2715 Pioneer Ct  
Davenport, IA 52804-1099*

REGISTRATION FEE	
USA Swimming Fee	\$23.00
LSC Fee	\$9.50
<b>TOTAL DUE</b>	<b>\$32.50</b>

*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.*

YEAR LAST REGISTERED \_\_\_\_\_

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

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND