USA SWIMMING

2007 ATHLETE REGISTRATION APPLICATION
LSC: IOWA

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

IF UNATTACHED ENTER UN

FATHER'S LAST NAME | FATHER'S FIRST NAME | 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
Davneport, IA 52804-1099

REGISTRATION FEE	
USA Swimming Fee	$43.00
LSC Fee	$12.00
TOTAL DUE	**$55.00**

YEAR LAST REGISTERED _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE _____ LSC CODE _____ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB ___/___/___.

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.

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