



USA SWIMMING

2009 ATHLETE REGISTRATION APPLICATION
LSC: NIAGARA SWIMMING, INC.

REGISTRATION 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 F A L C FALCON AQUATICS

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO. U.S. CITIZEN? ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? 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
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

YEAR LAST REGISTERED IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, ENTER THAT

CLUB CODE LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

SIGN HERE X

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