USA SWIMMING	2012 ATHLETE REGISTF LSC: WI	RATION APPLICATION
PLEASE PRINT LEGIBLY COMPLETE ALL INFORMATION	DN: LEGAL FIRST NAME	MIDDLE NAME
PREFERRED NAME DATE OF BIRTH (MO.	AGE CLUB CODE	NAME OF CLUB YOU REPRESENT
L MAILING ADDRE		
CITY AREA CODE TELEPHONE NO. DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Disch or African American DISABILITY: D. Black or African American D. D. De Arican A		U.S. CITIZEN: YES NO ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO IF YES, WHICH FEDERATION: HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO
□ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment □ R. Asian □ D. Cognitive Disability such as severe learning disorder, autism □ W. Native Hawaiian & Other Pacifician & Comparison & Comparis	Carol Graham 1716 Thrush Lane	REGISTRATION FEEUSA Swimming Fee\$48.00LSC Fee8.00TOTAL DUE\$56.00
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT CLUB CODE:AND THE DATE OF YOUR LAST HIGH SCHOOL STUDENTS – Year of high school graduation: SIGN HERE X SIGNATURE OF ATHLETE, PARENT OR GUA	COMPETITION REPRESENTING THAT CLUB: magest at	A Swimming occasionally makes its membership list available to its arketing partners. Please notify USA Swimming's Member Services Dept. 719/866-4578 if you do not wish to receive these mailings. Check if you would like to learn more about the USA Swimming Foundation's initiatives Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)