



REG DATE / OFF USE ONLY	NAME OF MEET/DATE(S)

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

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?  YES  NO

**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
- V. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**

**Hawaiian Swimming**

**MAIL APPLICATION & PAYMENT TO:**

**Gwenn Tomiyoshi  
171 G Ainaola Dr.  
Hilo, Hawaii 96720**

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?  YES  NO

IF YES, WHICH FEDERATION: \_\_\_\_\_

REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	\$ 5.00
<b>TOTAL DUE</b>	<b>\$15.00</b>

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

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

*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.*

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES