USA SWIMMING

2015 SEASONAL ATHLETE REGISTRATION APPLICATION
LSC: HAWAIIAN SWIMMING

CHECK APPROPRIATE SEASONAL PERIOD:
☐ SEASON 1 ☐ SEASON 2 ☐ INDIVIDUAL SEASON

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 (Bill, Beth, Scooter, Liz, Bobby) | **DATE OF BIRTH** (MO/DAY/YR) | **SEX** (M/F) | **AGE** | **CLUB CODE** | **NAME OF CLUB YOU REPRESENT**

If not affiliated with a club, enter "Unattached"

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.** | **FAMILY/HOUSEHOLD E-MAIL ADDRESS**

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

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 severe learning disorder, autism*

RACE AND ETHNICITY (You may check up to two choices):
- ☐ 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

MAKE CHECK PAYABLE TO:
Athletes to Your Local Club
Clubs to Hawaiian Swimming

CLUBS MAIL APPLICATION & PAYMENT TO:
HAWAIIAN SWIMMING
c/o Gwenn Tomiyoshi
171 G. Ainaola Dr
Hilo, HI 96720

2015 REGISTRATION FEE	
USA Swimming Fee	$30.00
LSC Fee	$5.00
TOTAL DUE	$35.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. **IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2014, ENTER THAT CLUB CODE:** _____ **LSC CODE:** _____ **AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:** _____.

☐ 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)*

SIGN HERE x _____ _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN | **DATE**

REG. DATE/LSC USE ONLY _____