



REG. DATE / OFFICE USE ONLY

CHECK APPROPRIATE SEASONAL PERIOD:

SEASON 1 SEASON 2 INDIVIDUAL SEASON

REGISTRATION DATE grid

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 CLUB CODE NAME OF CLUB YOU REPRESENT

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?

- 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

MAKE CHECK PAYABLE TO: Club Name (Give application and payment to club rep) MAIL APPLICATION & PAYMENT TO: Ohio Swimming, Inc. 5020 B College Corner Pike Oxford, Ohio 45056 513.673.3326 513.282.4090 (fax)

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? IF YES, WHICH FEDERATION:

REGISTRATION FEE table with rows for USA Swimming Fee (\$27.00), LSC Fee (\$5.00), and TOTAL DUE (\$32.00)

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 Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)