



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.	FAMILY/HOUSEHOLD E-MAIL ADDRESS

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

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
 - V. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

ARIZONA SWIMMING

MAIL APPLICATION & PAYMENT TO:

**ARIZONA SWIMMING
1212 E OSBORN RD SUITE 107
PHOENIX AZ 85014**

REGISTRATION FEE	
USA Swimming Fee	\$10.00
LSC Fee	12.00
TOTAL DUE	\$22.00

YEAR LAST REGISTERED: _____
HIGH SCHOOL STUDENTS - Year of high school graduation: _____

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 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*)