USA SWIMMING

2015 *OUTREACH* ATHLETE REGISTRATION APPLICATION

LSC: ARIZONA

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:

YOUR CLUB TEAM

MAIL APPLICATION & PAYMENT TO:

YOUR CLUB TEAM

2015 OUTREACH FEE
Sept. 1, 2014 through Dec. 31, 2015

USA Swimming Fee	$5.00
LSC Fee	$0
TOTAL DUE	**$5.00**

APPROPRIATE PAPER WORK SHOWING LSC QUALIFICATIONS FOR THIS OUTREACH REGISTRATION MUST BE ATTACHED TOTHIS FORM IN ORDER TO PROPERLY REGISTER THIS ATHLETE.

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 _____