



USA SWIMMING

2019 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: ARIZONA

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
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	UN	UNATTACHED

(Bill, Beth, Scooter, Liz, Bobby) If not affiliated with a club, enter "Unattached"

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

MAILING ADDRESS

CITY	STATE	ZIP CODE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

OPTIONAL

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:

Arizona Swimming Inc

MAIL APPLICATION & PAYMENT TO:

**Arizona Swimming Inc
301 E Bethany Home Rd. Suite A227
Phoenix, AZ 85012**

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

2019 REGISTRATION FEE	
USA Swimming Fee	\$30.00
LSC Fee	\$12.00
LSC Paper Fee	\$5.00
TOTAL DUE	\$47.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, 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 _____

2019 Registration of Unattached Athletes ONLY

Welcome to United States/Arizona Swimming!!

The instructions below are only for registration of athletes who wish to join Arizona Swimming and are not affiliated with a member club.

- Fully complete the above form. A Signature is required. If the athlete is under the age of 18, a parent or guardian must sign.
- Turn the completed, signed form into Arizona Swimming at the address provided on the form along with your payment by check to Arizona Swimming Inc.