



2007 ATHLETE REGISTRATION APPLICATION
LSC: WISCONSIN SWIMMING, INC.

REGISTRATION DATE
OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH SEX AGE CLUB CODE NAME OF CLUB YOU REPRESENT

FATHER'S LAST NAME FATHER'S FIRST NAME MOTHER'S LAST NAME MOTHER'S FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO.

U.S. CITIZEN? ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? 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

- ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate.): Q. African American R. Asian or Pacific Islander S. Caucasian T. Hispanic U. Native American V. Other

MAKE CHECK PAYABLE TO: WISCONSIN SWIMMING, INC. MAIL APPLICATION & PAYMENT TO: CAROL GRAHAM 1716 THRUSH LANE MEQUON, WI 53092 E-MAIL: cagraham@wi.rr.com 262/243-9778

REGISTRATION FEE table with rows for USA Swimming Fee (\$43.00), LSC Fee (5.00), and TOTAL DUE (\$48.00)

YEAR LAST REGISTERED, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2006, ENTER THAT CLUB CODE LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

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 BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND