

**SPRING & SUMMER SWIMMING – NORTHEAST POOL**



**USA SWIMMING**

**2017 SEASONAL ATHLETE REGISTRATION APPLICATION**

**LSC: FLORIDA SWIMMING, INC.**

CHECK SEASONAL PERIOD:  
 SEASON 1 (April 1-August 31)

REG. DATE / OFFICE USE ONLY

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**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	
				SPA	ST. PETERSBURG AQUATICS	
FATHER/GUARDIAN LAST NAME	FATHER/GUARDIAN FIRST NAME	IF UNATTACHED ENTER UN		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 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:**

**SPA**

HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? YES NO

YEAR LAST REGISTERED: \_\_\_\_ IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2012, ENTER THAT

CLUB CODE: \_\_\_\_ LSC CODE: \_\_\_\_ AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB: \_\_\_\_

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)

Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Medical Problems that would affect training \_\_\_\_\_

**Session I: April 3 – May 31, Monday – Friday**

1 hour workout: 3:00-4:00 pm or 4:00-5:00 pm or 5:00-6:00 pm Cost: \$ 90.00  
 1 ½ hour workout: 3:00-4:30 pm or 4:30 – 6:30 pm Cost: \$125.00

**Session II: June 1 – July 28, Monday-Friday**

1 hour workout: 3:00-4:00 pm or 4:00-5:00 pm or 5:00-6:00 pm Cost: \$ 90.00  
 1 ½ hour workout: 7:00–8:30 am(start June 1) or 3:00-4:30 or 4:30-6:00 pm Cost: \$125.00

**Family Commitment:** Each family is required to pay \$39.00 per family facility surcharge for Session I and \$39.00 per family facility surcharge for Session II.

Each swimmer is required to register as a member of USA Swimming (\$39.00 per swimmer). Partial refunds offered after the first week of swimming for **MEDICAL REASONS ONLY**.

**PLEASE WRITE ONE CHECK TO SPA (subsequent sessions will be billed to your Team Unify account and may be paid by debit/credit or check to SPA. Please confirm your email address when requested to do so to set up account):**

Session \_\_\_\_ @ \$ \_\_\_\_ per session = \$ \_\_\_\_  
**Per family facility surcharge** = \$ 39.00  
 USA Swimming Registration = \$ 39.00  
 Total Enclosed = \$ \_\_\_\_