



USA SWIMMING

SPA SUMMER SWIM LEAGUE – WALTER FULLER POOL EVENING PROGRAM

2017 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: FLORIDA SWIMMING, INC.

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

REG. DATE / OFFICE USE ONLY

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

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 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

Empty box for signature or stamp

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# Emergency Contact #

E-Mail (please print clearly)

Medical Problems that would affect training

Partial refunds offered after the first week of swimming for MEDICAL REASONS ONLY.

Please write one check to SPA for \$160.00 per swimmer. Multiple swimmers may be combined on one check.

Office use only below this line

Cap

T-Shirt YM YL S M L XL

Check/Cash Enclosed

HOLD HARMLESS AGREEMENT presented