



USA SWIMMING

2017 ATHLETE REGISTRATION APPLICATION

LSC: OHIO SWIMMING, INC.

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

(Bill, Beth, Scooter, Liz, Bobby)

GUARDIAN #1 LAST NAME

GUARDIAN #1 FIRST NAME

If not affiliated with a club, enter "Unattached"

GUARDIAN #2 LAST NAME

GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

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 PAYMENT TO:

Capital City Swim Club
 JCC Rec. Center
 1125 College Ave.
 Columbus, OH
 43209
 614-507-2160

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

2017 Registration Fee:

Sept. 1 - Dec. 31, 2017

\$69

HIGH SCHOOL STUDENTS - Year of high school graduation: _____

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2016, 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

DATE

REG. DATE/LSC USE ONLY _____

- ☐ 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)