



**USA SWIMMING**

# 2018 ATHLETE REGISTRATION APPLICATION

**LSC: NC**

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME	LEGAL FIRST NAME	MIDDLE NAME
<div></div>	<div></div>	<div></div>

PREFERRED NAME	DATE OF BIRTH (MO/DAY/YR)	SEX (M/F)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

(Bill, Beth, Scooter, Liz, Bobby)			
GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
<div></div>	<div></div>	<div></div>	<div></div>

MAILING ADDRESS		
<div></div>		

CITY	STATE	ZIP CODE
<div></div>	<div></div>	<div></div>

AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS
<div></div>	<div></div>	<div></div>

OPTIONAL	
<b>DISABILITY:</b> <input type="checkbox"/> A. Legally Blind or Visually Impaired <input type="checkbox"/> B. Deaf or Hard of Hearing <input type="checkbox"/> C. Physical Disability <i>such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment</i> <input type="checkbox"/> D. Cognitive Disability <i>such as severe learning disorder, autism</i>	<b>RACE AND ETHNICITY</b> (You may check up to two choices): <input type="checkbox"/> Q. Black or African American <input type="checkbox"/> R. Asian <input type="checkbox"/> S. White <input type="checkbox"/> T. Hispanic or Latino <input type="checkbox"/> U. American Indian & Alaska Native <input type="checkbox"/> V. Some Other Race <input type="checkbox"/> W. Native Hawaiian & Other Pacific Islander

**MAKE CHECK PAYABLE TO:**

**North Carolina Swimming**

**MAIL APPLICATION & PAYMENT TO:**

**Registrar, NC Swimming  
PO Box 30863  
Charlotte, NC 28203**

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

2018 REGISTRATION FEE	
Sept. 1, 2017 through Dec. 31, 2018	
USA Swimming Fee	\$58.00
LSC Fee	\$10.00
<b>TOTAL DUE</b>	<b>\$68.00</b>

HIGH SCHOOL STUDENTS – Year of high school graduation: \_\_\_\_\_

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2017, 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

- ☐ 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*)

REG. DATE/LSC USE ONLY \_\_\_\_\_