

2019 OUTREACH ATHLETE REGISTRATION APPLICATION LSC: GULF SWIMMING

PLEASE PRINT LEGIBLY ● COMP LAST NAME	LETE ALL INFORMATION:	: LEGAL FIRST NAME	MIDDLE NAME	
PREFERRED NAME	DATE OF BIRTH (MO/DA	NY/YR) SEX (M/F) AGE CLUB CODE	NAME OF CLUB YOU REPRESENT	
(Bill, Beth, Scooter, Liz, Bobby) GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRS		d with a club, enter "Unattached" T NAME GUARDIAN #2 FIRST NAME	
	MAILING ADDRESS	8		
			U.S. CITIZEN: ☐ YES ☐ NO	
CITY		STATE ZIP CODE		
			ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? ☐ YES ☐ NO	
AREA CODE TEL	EPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS		
			ir 1E3, Which FEDERATION.	
OPTIONAL DISABILITY: A Legally Blind or Visually Impaired check up to two choices): B. Deaf or Hard of Hearing C. Black or African American MAKE CHECK PAYABLE TO: Your Club Team			HAVE YOU REPRESENTED THAT FEDERATION AT INTERNATIONAL COMPETITION? ☐ YES ☐ NO	
□ C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment □ D. Cognitive Disability such as □	R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native V. Some Other Race W. Native Hawaiian & Other Pacific Islander	MAIL APPLICATION & PAYMENT TO: Your Club Team	2019 OUTREACH FEE Sept. 1, 2018 through Dec. 31, 2019 USA Swimming Fee \$5.00 LSC Fee \$0.00 TOTAL DUE \$5.00	
		NG LSC QUALIFICATIONS FOR THI FORM IN ORDER TO PROPERLY RE		
HIGH SCHOOL STUDENTS – Year of high school	Check if you would like to learn more about the USA			
YEAR LAST REGISTERED: IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2018, ENTER THAT CLUB CODE: LSC CODE: AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB:			Swimming Foundation's initiatives Check if you would like to receive the electronic USA	
	_AND THE DATE OF YOUR LAST CO	DINIPETITION REPRESENTING THAT CLUB:	Swimming Newsletter (must be 13 years of age or older)	
SIGN HERE x				
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE			REG. DATE/LSC USE ONLY	