



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION LSC: MICHIGAN SWIMMING, INC.

REG. DATE / OFFICE USE ONLY

--	--	--	--	--	--	--	--

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 mental retardation, 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:

MICHIGAN SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

**MICHIGAN SWIMMING OFFICE
PO BOX 1784
MIDLAND, MI 48641-1784
Email: jbcartmill@hughes.net
231-690-5847**

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	8.00
TOTAL DUE	\$54.00

YEAR LAST REGISTERED: _____. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2009, 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

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 USA Swimming's community initiatives
- Check if you would like to receive the electronic USA Swimming Newsletter (must be 13 years of age or older)



**MICHIGAN
SWIMMING**

June 2008

Athlete Outreach Verification

The Michigan Swimming, Inc. /USA Swimming Athlete Outreach Program is for athletes whose family is currently in need of financial aid in order to join or maintain their membership in USA Swimming. The Outreach Program is an annual reduced registration fee for USA Swimming membership. The annual fee in the Michigan Swimming LSC for Outreach membership is \$7.00.

Club: _____ Club Code: _____

Athletes Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of School: _____ Public: _____ Private: _____ Home School: _____

Father's Name: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____

_____ Date _____

Parent's or Guardian's Signature

Instructions:

1. Attach a copy of one of the following to this form:
 - A. Federal Free and Reduced Lunch Program Verification Form
 - B. Food Stamp Letter
2. Fill out year round USA Swimming/Michigan Swimming, Inc. athlete registration form and attach copy.
3. Make check payable to your club and give all documents to your Club's Membership Coordinator. The Club Membership Coordinator will send this document and the attachments requested in instructions 1 and 2 above to the Michigan Swimming Office, PO Box 1784, Midland, MI 48641-1784.

_____ Date _____
Club Membership Coordinator, Treasurer, or Head Coach's Signature