



USA SWIMMING

2007 SEASONAL ATHLETE REGISTRATION APPLICATION

LSC: MICHIGAN SWIMMING, INC.

CHECK APPROPRIATE SEASONAL PERIOD:

- SEASON 1
- INDIVIDUAL SEASON

REG. DATE / OFFICE USE ONLY

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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 (MF)	AGE	CLUB CODE	NAME OF CLUB YOU REPRESENT

FATHER'S LAST NAME	FATHER'S FIRST NAME	MOTHER'S LAST NAME	MOTHER'S FIRST NAME

MAILING ADDRESS

CITY	STATE	ZIP CODE

AREA CODE	TELEPHONE NO.

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

ETHNICITY (In accordance with U.S. Census Bureau guidelines, you may make up to two choices if appropriate):

- Q. African American
- R. Asian or Pacific Islander
- S. Caucasian
- T. Hispanic
- U. Native American
- V. Other

MAKE CHECK PAYABLE TO:

MICHIGAN SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:

MICHIGAN SWIMMING, INC.
Jan Cartmill
PO BOX 1784
MIDLAND, MI 48641-1784
EMAIL: jbcartmill@hughes.net
231/690-5847

REGISTRATION FEE	
USA Swimming Fee	\$23.00
LSC Fee	\$ 8.00
TOTAL DUE	\$31.00

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.

YEAR LAST REGISTERED _____

SIGN
 HERE x _____
 SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD BE INTERESTED IN MAKING A DONATION TO THE USA SWIMMING FOUNDATION ANNUAL FUND