



2017 ATHLETE YEAR ROUND ATHLETE
REGISTRATION APPLICATION
LSC: OREGON SWIMMING, INC.

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LEGAL LAST NAME LEGAL FIRST NAME LEGAL MIDDLE NAME

PREFERRED NAME if different than legal DATE OF BIRTH (MO/DAY/YR) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

GUARDIAN #1 LAST NAME GUARDIAN #1 FIRST NAME GUARDIAN #2 LAST NAME GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE PRIMARY PHONE FAMILY EMAIL ADDRESS \*\*\*REQUIRED\*\*\*

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 CHECK PAYABLE TO:

YOUR SWIM CLUB

Submit this form and payment to your swim club. Each club will send a digital registration file for all athletes and pay with one check issued by the club.

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, 2016 through Dec. 31, 2017
USA Swimming Fee \$56.00
LSC Fee \$10.00
TOTAL DUE \$66.00

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:

- 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)

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN DATE

REG. DATE/LSC USE ONLY