



# USA SWIMMING

# 2009 ATHLETE REGISTRATION APPLICATION

## LSC: New Mexico Swimming

REG. DATE / OFFICE USE ONLY

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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.

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:**

**Your Club**

**MAIL APPLICATION & PAYMENT TO:**

**Your Club**

For more information contact NMS  
 PO box 23899  
 Santa Fe, NM 87502  
 505-471-2551 [nmsregs@juno.com](mailto:nmsregs@juno.com)

REGISTRATION FEE	
USA Swimming Fee	\$45.00
LSC Fee	\$10.00
<b>TOTAL DUE</b>	<b>\$55.00</b>

YEAR LAST REGISTERED: \_\_\_\_\_. IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2008, 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