



USA SWIMMING

2010 ATHLETE REGISTRATION APPLICATION LSC: MISSOURI VALLEY 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	IF UNATTACHED ENTER UN 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 REGISTRAR
Or Missouri Valley Swimming**

MAIL APPLICATION & PAYMENT TO:

**Missouri Valley Swimming
15 East 7th Suite 202
Lawrence, KS 66044
Email: mvsswim@sunflower.com
785-841-0999**

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	\$ 5.00
TOTAL DUE	\$51.00

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.

- 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)

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

Family email _____

Swimmer's email _____

Please use email that is checked on a regular basis. The e-mail and website are our main forms of communication and is used to send out notices and important information about SAC events.

Father's Name _____ Mother's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Is there a secondary Parent that needs copied on all correspondence? No ___ Yes ___

(name, address, phone number)
Secondary Parent email: _____

Please read the following terms and initial:

- I understand the fee structure and policy regarding monthly and annual fees
- I understand my monthly payment must be made by the due date unless I've notified the Treasurer in advance.
- I understand the policies regarding volunteering.
- I give my permission for the individual(s) named above to participate in Salina Aquatics Club meets and activities unless I notify the team in advance.
- I certify that the above answers are correct and that the individual(s) named above are eligible in accordance with the rules of MVS/USA Swimming.

Initials

Medical Form: Signed by parent/guardian and notarized. _____

Signature of Parent/Guardian: _____ **Date:** _____