



USA SWIMMING

2016 SINGLE-MEET **OPEN WATER** ATHLETE APPLICATION

LSC: Metropolitan Swimming, Inc.

THIS MEMBERSHIP IS ONLY FOR MEETS BELOW
ZONE, SECTIONAL AND NATIONAL LEVELS.

NAME OF MEET/DATE(S)

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

(Bill, Beth, Scooter, Liz, Bobby)

PARENT/GUARDIAN #1 LAST NAME

PARENT/GUARDIAN #1 FIRST NAME

PARENT/GUARDIAN #2 LAST NAME

PARENT/GUARDIAN #2 FIRST NAME

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE

TELEPHONE NO.

FAMILY/HOUSEHOLD E-MAIL ADDRESS

DISABILITY:

- (You may)
- ☐ 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 OPTIONAL
FEDERATION AT INTERNATIONAL

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:

Metropolitan Swimming, Inc.

MAIL APPLICATION & PAYMENT TO:

Metropolitan Swimming, Inc.
99 Sheep Pasture Rad
Port Jefferson, NY 11777

U.S. CITIZEN: ☐ YES ☐ NO

ARE YOU A MEMBER OF ANOTHER FINA
FEDERATION? ☐ YES ☐ NO

IF YES, WHICH FEDERATION:

HAVE YOU REPRESENTED THAT

COMPETITION? ☐ YES ☐ NO

2016 REGISTRATION FEE

USA Swimming Fee	\$10.00
LSC Fee	\$12.00
TOTAL DUE	\$22.00

HIGH SCHOOL STUDENTS – Year of high school graduation: _____

YEAR LAST REGISTERED: _____

SIGN
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

DATE

- ☐ 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)

Credit Card Information: Please Print Clearly

Name on Credit Card _____ Type Of Card : V MC AMEX D _____

Credit Card Number : _____ Expiration Date: _____ Code: _____