



REG. DATE / OFFICE USE ONLY

REGISTRATION DATE grid

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

TELEPHONE NO., FAMILY/HOUSEHOLD E-MAIL ADDRESS

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

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

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

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)

MAKE CHECKS PAYABLE TO: GEORGIA SWIMMING

MAIL CHECKS TO: CLAUDE RHEN, 1899 TRUMBULL DR, ATLANTA, GA 30338, 770-394-9776, clauderhen@bellsouth.net

2010 REGISTRATION FEE table with columns for USAS, GA, and TOTAL. Includes options for Full Year, Seasonal, Season 1, and Season 2.