



USA SWIMMING

**2010 ATHLETE REGISTRATION APPLICATION
LSC: NORTH TEXAS SWIMMING, INC.**

REGISTRATION 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. _____ FAMILY/HOUSEHOLD E-MAIL ADDRESS _____

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:
NORTH TEXAS SWIMMING, INC.

MAIL APPLICATION & PAYMENT TO:
With copy of birth certificate or equivalent
Karen Rourke
1105 Normandy Dr.
Southlake, TX 76092-7117
Email: swim.tex@verizon.net • 817-421-2151

REGISTRATION FEE	
USA Swimming Fee	\$46.00
LSC Fee	10.00
TOTAL DUE	\$56.00

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)

*2 copies of a birth certificate or passport are required

SWAT

Southwest Aquatics of Texas

Membership Application

Swimmer's Legal Name _____

Last

First

Middle

Preferred Name _____ D.O.B _____

Father's Last Name _____ Father's First Name _____

Mother's Last Name _____ Mother's First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Athlete's Cell Phone _____

Father's Work Phone _____ Cell Phone _____

Email _____

Mother's Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____

Allergies/Restriction/Special Instructions

Emergency Release:

In case of emergency, I authorize Southwest Aquatics of Texas/Duncanville Natatorium/Mountain View College staff to administer first aid to the swimmer named above and/or take him/her to a physician or hospital for further treatment. I agree not to hold Southwest Aquatics of Texas/Duncanville Natatorium/Mountain View College liable if my child is injured while participating in swim team activities.

Parent/Guardian Signature _____ Date _____